WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5236

1. PLACE OF DEATH
County Daviess — Registration District No. 254 — File No. 3
Township Benton — Primary Registration District No. 4154 — Registered No. 7
City Pattonsburg (No. ..... St. ..... Ward)

2. FULL NAME Wm Moore
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1-1862

7. AGE: 70 YEARS — MONTHS: 7 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Wm Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.
12. MAIDEN NAME OF MOTHER: Matilda Mantle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs Clara Moore
(Address) Pattonsburg Mo

15. FILED Feb 22, 1933 — G S Gromer, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 22 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 20, 1932, that I last saw h..... alive on Dec 20, 1932, and that death occurred, on the date stated above, at 5.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic insufficiency
also senile gangrene of foot
[illegible] (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? X DATE OF .....
WAS THERE AN AUTOPSY? X
WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) Frank Hedges, M. D
2/22, 1933 (Address) Pattonsburg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: York Nebr — DATE OF BURIAL: Feb 24 1933

20. UNDERTAKER: G S Gromer — ADDRESS: Pattonsburg Mo