

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.

JUN 22 1933

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

Do not use this space.

16334

**1. PLACE OF DEATH**

41 County Harrison  
2 Township Blytheville  
1 City Blytheville (No. 1)

Registration District No. 335  
Primary Registration District No. 4198

File No. 10  
Registered No. 335  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Prison  
10. Date deceased last worked at this occupation (month and year) May 8, 1933  
11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadott Ohio

13. NAME Silas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

15. MAIDEN NAME Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

17. INFORMANT (ADDRESS) A. E. Hooglan Blytheville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springer Chapel DATE 5/10 33

19. UNDERTAKER (ADDRESS) Rogers Lumber Co. Blytheville Mo

20. FILED 5/9 33 J. Carter Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1933

22. I HEREBY CERTIFY That I attended deceased from wound the body May 8 1933  
I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

angina - pectoris  
arterio - sclerosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

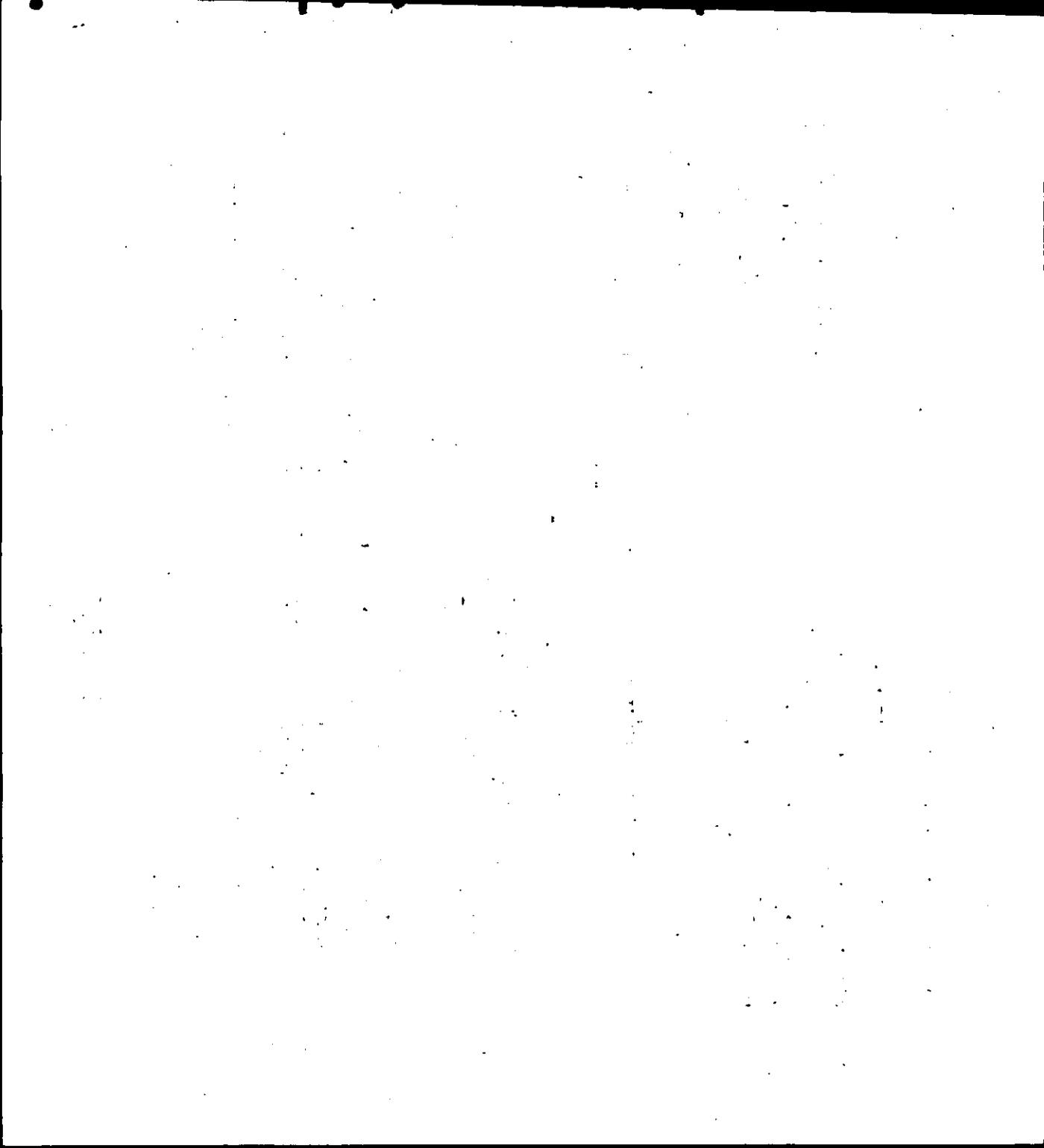
Name of operation history Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) James P. Rogers - coroner  
(Address) Blytheville, Mo





5-16334