

august report

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

Do not use this space.

22600

1. PLACE OF DEATH

22 County Christian
Township Finley
City Ozark (No.)

Registration District No. 184
Primary Registration District No. 5255

File No.
Registered No. 27 St. Ward)

2. FULL NAME

John T. 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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Retta Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. an Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in law

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Tenn

13. NAME James Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Martha Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Ross Moore (ADDRESS) Ozark Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark DATE July 19, 1933

19. UNDERTAKER (ADDRESS) B. C. Klepper Ozark Mo

20. FILED Sept 5 19 Ruth Jamison Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to July 17, 1933
I last saw him alive on July 17, 1933 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Uremic Coma
Hypertension
Vascular Renal
disease

Date of onset about 1926

Other contributory causes of importance:-

131
1320
151
Name of operation 102 Date of 102
What test confirmed diagnosis? 102 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) R. R. Gerthys, M. D.
(Address) Ozark Mo.

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.

SEP 26 1933

