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

Do not use this space.

29267

File No.
Registered No.

1. PLACE OF DEATH
County Dunklin
Township
City Malden (No. St. Ward)

Registration District No. 289
Primary Registration District No. 4173

2. FULL NAME Jesse Charles 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.

SEP 26 1933

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 Alice Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25-1860

7. AGE: Years 73 | Months 0 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) Apr. 1, 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawneetown Ill.

FATHER
13. NAME Wm Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Chas Moore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden Mo DATE 9-3 1933

19. UNDERTAKER (ADDRESS) W. L. Craig Malden Mo

20. FILED 9-3 1933 L. S. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from May 8th 1933 to Sept 1st 1933
I last saw him alive on Sept 1st 1933. Death is said to have occurred on the date stated above, at 5.05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11 yr
93C	

Other contributory causes of importance: 93C

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) John D. Van Clive, M. D.
(Address) Malden Mo

MARGIN RESERVED FOR BINDING
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.
V. S. NO. 2