

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

Do not use this space.

33612

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 77
St. 2nd Ward)

2. FULL NAME

(a) Residence, No. 1906 No. Main St. 2nd Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac V Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 25

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo.

13. NAME James A Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn.

15. MAIDEN NAME Sarah Francis True

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Mo.

17. INFORMANT (ADDRESS) Freda Moore

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE 10-17 1933

19. UNDERTAKER (ADDRESS) Home J. Boyden

20. FILED 10-17 1933 E Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1932 to Oct 15 1933

I last saw him alive on Oct 15 1933 Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Chr. Myocarditis

Date of onset Unknown

Other contributory causes of importance: Diabetes Mellitus 1912

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 _____ 1933

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 Evans M. D.
(Address) Brookfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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