

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.

JAN 26 1934
324

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

Do not use this space.
39257

1. PLACE OF DEATH **85**
 County Richman Registration District No.
 Township Washington Primary Registration District No. 1001
 City St. Joseph, Mo. State Hospital #2 St. Ward

2. FULL NAME Calvin Moore
 (a) Residence, No. 207 N. Robinson 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 unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 unknown

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

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) unknown

13. NAME John Moore

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

15. MAIDEN NAME unknown

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

17. INFORMANT State Hospital Records
(ADDRESS) St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo Auburn Cemetery DATE Dec. 28, 1933

19. UNDERTAKER E. P. Sidentgaden
(ADDRESS) 602 South 10th Street

20. FILED DEC 28 1933 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to Dec 27, 1933
 I last saw him alive on Dec 26, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Stenotic Pericarditis Indefinite Date of onset
83
34
34
 Other contributory causes of importance: Syphilis Indefinite

Name of operation none 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? No 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 None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. E. Miles M. D.
 (Address) State Hospital No 2

2037

