

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Barton Registration District No. 40
 Township Lamar Primary Registration District No. 40.24
 City Lamar (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 7

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) In Barton Co. 30 years (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillie Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-16-1874</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>3</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>life</u>
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) <u>Aug-1933</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jericco Springs RR Missouri</u>		
13. NAME <u>John Moore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Mattie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Texas</u>		
17. INFORMANT <u>Lillie Moore</u> (ADDRESS) <u>Liberal, Mo. R1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barton City</u> DATE <u>Jan-18th 1934</u>		
19. UNDERTAKER <u>A. J. Ribbar</u> (ADDRESS) <u>Lamar, Mo</u>		
20. FILED <u>Jan. 17 - 1934</u> <u>A. J. Mynatt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-17th 1934

22. I HEREBY CERTIFY, that I attended deceased from Nov-1st 1933 to Jan-17th 1934

I last saw him alive on Jan-17th 1934. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial nephritis Date of onset 1932

Other contributory causes of importance:
None

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) W. P. Popplewell M. D.
 (Address) Lamar Mo

