

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

Do not use this space.

OCT 3 1934

**1. PLACE OF DEATH**

County Buchanan  
Township St. Joseph  
City St. Joseph (No. Mersey Hospital)

Registration District No. 85  
Primary Registration District No. 1001

File No. 32045  
Registered No. 1091  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Poore  
(a) Residence, No. 302 Oct. St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 69 yrs. 11 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 Dora Poore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 11 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery store  
10. Date deceased last worked at this occupation (month and year) Sept - 34 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Missouri

13. NAME George Poore  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Elizabeth Kelland  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Dora Poore  
(ADDRESS) St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-24-34

19. UNDERTAKER Fleeman Mortuary  
(ADDRESS) St Joseph Mo.

20. FILED 9-24-1934 John R. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934, to Sept 22, 1934.  
I last saw him alive on Sept 26, 1934. Death is said to have occurred on the date stated above, at 7 P m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of the prostate gland.  
Chronic interstitial nephritis.  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation Superficial cystectomy Date of Sept 30, 1934  
What test confirmed diagnosis? Bel Was there an autopsy? yes

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) Dr. Wm. P. Lewis, M. D.  
(Address) 207-19 St. Joseph, Mo.

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.

