

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

Do not use this space.

39318

DEC 1 8 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
Township Wagon Primary Registration District No. 1000  
City N. C. Gro. (No. St. Joseph Hosp) St.                      Ward                     

File No.                       
Registered No. 4820  
St.                      Ward                     

**2. FULL NAME**

(a) Residence, No. 4239 Bellefontaine 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlotte Moore</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-4-1867</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <u>27</u>	IF LESS than 7 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</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)..... 11. Total time (years) spent in this occupation. <u>                    </u> <u>                    </u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u> <u>Ky</u>				
FATHER	13. NAME <u>Sherward P. Moore</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u> <u>Maryland</u>			
MOTHER	15. MAIDEN NAME <u>Willie E. Doy See</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u> <u>No Record</u>			
17. INFORMANT <u>Grace E. Doy See</u> (ADDRESS) <u>4239 Bellefontaine</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mark</u> DATE <u>Nov 3 1934</u>				
19. UNDERTAKER <u>Mrs. E. L. Foster</u> (ADDRESS) <u>418 W. 1st St. St. Joseph</u>				
20. FILED <u>Nov 19 1934</u> <u>M. M. Crowe</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-1 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw him/alive on 11-1 1934. Death is said to have occurred on the date stated above, at 10/100 m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset                     

Other contributory causes of importance:  
General arteriosclerosis  
Cerebral edema

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) Joseph E. Nepton M. D.  
(Address) Wingale Bldg

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.

Webster