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.

FEB 20 1935

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

Do not use this space.

640

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No.
Township — Primary Registration District No. 3014 — Registered No. 43
City Jefferson (No. , St. Ward)

2. FULL NAME Homer Thomas Moore
(a) Residence, No. 411 Madison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 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): Widowed
5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF: Julia White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 13 - 1867
7. AGE: YEARS 67 — MONTHS 3 — DAYS 13. — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Massachusetts

FATHER
13. NAME: Donald Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass

MOTHER
15. MAIDEN NAME: Sarah Gray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass

17. INFORMANT (ADDRESS): Carl Moore, 411 Madison
18. BURIAL, CREMATION, OR REMOVAL
PLACE: High Point DATE: Jan 28 1935
19. UNDERTAKER (ADDRESS): Dawson - Ramsey J.C. Mo
20. FILED 1/30/ 1935 — W. Bedford MD, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 27 1935
22. I HEREBY CERTIFY, That I attended deceased from 2 did not attend deceased
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appoplexy	

Other contributory causes of importance:

Name of operation — 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? — 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. R. E. Werner Coroner
(Address) Russellville MO