

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.

FEB 25 1935

5849

**1. PLACE OF DEATH**

County Knox Registration District No. 439  
Township Greenburgh Primary Registration District No. 5596  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

John Moore  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 75 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25 - 1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>3</u>
	DAYS <u>9</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox Co Mo</u>		
FATHER	13. NAME <u>James Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Annie McGadder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Ray Moore Boring Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adair Cemetery</u> DATE <u>Feb. 5</u> 1935		
19. UNDERTAKER (ADDRESS) <u>Friedlander Bros Etc, Mo</u>		
20. FILED <u>Feb. 7</u> 1935 <u>Dr. E. M. Whitacre</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1932, to Feb. 3, 1934  
I last saw him alive on Jan. 30, 1935. Death is said to have occurred on the (date stated above, at 4.10 P.m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis  
Date of onset

Other contributory causes of importance  
AMI

Name of operation ..... Date of .....  
What test confirmed diagnosis? Cholesterol 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?.....  
If so, specify E. M. Whitacre, P.O., M.D.  
(Signed) Boring, Mo.  
(Address)

