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.

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

JUN 4 1935

Do not use this space.

15243

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No. 69
City Marshall (No. Fitzgibbon Hosp. St. Ward)

2. FULL NAME C. Bela Moore
(a) Residence, No. Fitzgibbons Hospital St., Ward. Malta Bend Mo
(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: 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 Harriett E. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th, 1888

7. AGE: Years 46 — Months 9 — Days 14 — 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Caldwell Co. (STATE OR COUNTRY) North Carolina

FATHER
13. NAME C. Leonard Moore
14. BIRTHPLACE (CITY OR TOWN) Caldwell Co. (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Drusilla Green
16. BIRTHPLACE (CITY OR TOWN) Watanga Co. (STATE OR COUNTRY) North Carolina

17. INFORMANT Mrs Harriett E. Moore (ADDRESS) Malta Bend, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malta Bend Cem. DATE April 30, 1935

19. UNDERTAKER R. W. Campbell (ADDRESS) Marshall, Mo.

20. FILED april 29, 1935 Helen Hyster Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from april 25, 1935, to April 28, 1935
I last saw him alive on april 28, 1935. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gangrenous appendicitis	

Other contributory causes of importance:
Peritonitis (Streptococcus)

Name of operation appendectomy Date of April 25
What test confirmed diagnosis? Blood Count 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) John R Lawrence, M. D.
(Address) Marshall, Mo