

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.

15347

JUN 5 1935

1. PLACE OF DEATH

County Platte  
Township Burdine  
City Carbondale (No. ....) (Ward) .....

Registration District No. 862  
Primary Registration District No. 6135

File No. ....  
Registered No. 52

2. FULL NAME

(a) Residence, No. ...., St. ...., Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

James P. Moore

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 Patricia Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1847

7. AGE YEARS 88 MONTHS 1 DAYS 12 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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) 1927 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Co Missouri

13. NAME William Henry Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Sarah M. Comb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Frank Chapman (ADDRESS) Carbondale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carbondale DATE April 24 1935

19. UNDERTAKER (ADDRESS) Feyler Bell

20. FILED May 8 1935 Mrs. Elsie Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to Apr 22 1935  
I last saw him alive on April 22 1935 Death is said to have occurred on the date stated above, at 4:20 pm  
The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

Jan 1934

Other contributory cause of importance: none

Name of operation none 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) J. E. Edwards, M. D.  
Carbondale Mo (Address)

