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 certified. Exact statement of OCCUPATION is very important.

FEB 24 1936

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

737

Do not use this space. 2627

1. PLACE OF DEATH

County: Ray — Registration District No.: 744 — File No.:

Township: Camden — Primary Registration District No.: 3035 — Registered No.: 13

City: Camden (No. ..... St. ..... Ward)

2. FULL NAME: William F. Moore

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 15, 1844.

7. AGE: YEARS 91 years; MONTHS 9; DAYS 16; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Church Methodist

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mansfield, Webster Co

FATHER

13. NAME: Thomas Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Liz Kendricks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Rosa E. Kelley, Camden Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Granby Mo DATE Feb 2 1936

19. UNDERTAKER (ADDRESS): E. Thurman, Richmond Mo.

20. FILED 2-10 1936 E. E. Gay, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Jan 30 1936, I last saw him alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Old age infirmities

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) Geo. E. Pennington, M. D.

(Address) Camden Mo