

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.

APR 27 1936

8875

1. PLACE OF DEATH

County Stoddard Registration District No. 837
Township Creston Primary Registration District No. 6099
City (No.) St. (Ward)

2. FULL NAME

Will A. Moore

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 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 <u>Separated</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Annis Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1852</u>		
7. AGE YEARS <u>84</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</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>Waynes Co. Mo.</u>		
13. NAME <u>Moore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT (ADDRESS) <u>Willie Moore</u> <u>Waynes Co. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brumfield</u> DATE <u>2/7</u>		
19. UNDERTAKER (ADDRESS) <u>C. E. White</u>		
20. FILED <u>Apr 8</u> 1936 <u>Dr. E. J. Ford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1936

22. I HEREBY CERTIFY that I attended deceased from No. 4000 in attendance 1936 to 19

I last saw h. alive on 19 . Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Ac. Trauma Intestinal
Hypertension?
Date of onset 1936

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), also in 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 Wilson M. D.
Brumfield Mo
General Doctor
(Address)

