

APR 20 1936

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

Do not use this space.

11127

1. PLACE OF DEATH

County Jackson
Township Jarvis
City Jarvis (No.)

Registration District No. 402
Primary Registration District No. 855-1B

File No.
Registered No.
St. Ward

2. FULL NAME

John E. Lavin 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 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 Oda Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1895
7. AGE YEARS 40 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) Mo13. NAME Edward Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan15. MAIDEN NAME Martha Bergin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT J. E. Moore(ADDRESS) Brain Valley Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Adams Cem DATE 3/8 193619. UNDERTAKER 301 Webster(ADDRESS) Oak Grove Mo20. FILED Mar 24 1936 Mar. O. H. Manua Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5 193622. I HEREBY CERTIFY, That I attended deceased from 3-1 1936 to 3-5 1936

I last saw him alive on 3-5 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

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

Date of onset

R. Bronchial PneumoniaOther contributory causes of importance: 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) J. E. Grant, M. D.(Address) Brain Valley Mo

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.

AUG 31 1954