

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.

JUL 25 1936

23738

1. PLACE OF DEATH

County Greene Registration District No. 1143 File No. 4
Township Moore Primary Registration District No. 5845 Registered No. _____
City Chambersville St. _____ Ward _____

2. FULL NAME George Wesley Moore

(a) Residence, No. _____ Ward _____ (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 3 8
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) Ark

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Linda Moore

13. NAME Christina C Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
15. MAIDEN NAME Nancy Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Bob Williams
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Free DATE June 9 1936

19. UNDERTAKER Neighbor
(ADDRESS) _____

20. FILED June 12 1936 Mrs. A. D. Roberts
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:40 p

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

Struck by lightning Date of onset _____

Other 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:

Was it 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 Carr - Croner, M. D.

(Address) Thayer Mo.

