AUG 17 1936

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

Do not use this space.

25907

1. PLACE OF DEATH
County: Christian — Registration District No.: 184
Township: Finley — Primary Registration District No.: 5255
City: ..... (No. ..... St. ..... Ward)

File No.: .....
Registered No.: 28

2. FULL NAME: Lewis L. 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~~: Mrs. L. L. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17 1875

7. AGE: Years 61 | Months 3 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Circuit Court
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): Tennessee

FATHER
13. NAME: James Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Martha Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Earnest Moore, Ozark Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ozark Cemetery DATE: July 18 1936

19. UNDERTAKER (ADDRESS): T. B. Chaffin, Ozark Mo.

20. FILED: Aug 1 1936 Loretta Leonard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 31, 1936 to July 17, 1936
I last saw him alive on July 17, 1936. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
with Heart Prostration	

Other contributory causes of importance:

Name of operation: No 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? No.
If so, specify:
(Signed): J. H. Wade, M. D.
(Address):

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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