

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 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.

AUG 22 1936

27284

1. PLACE OF DEATH

County Macon  
Township Wesley  
City Geeta (No. ....)

Registration District No. 529  
Primary Registration District No. 5705

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

John H. Moore

(a) Residence, No. .... St. .... Ward. ....  
(Legal 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 Millie Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner  
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) Bushnell (STATE OR COUNTRY) Ill

FATHER 13. NAME Amos Moore

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah J. Burke

16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

17. INFORMANT Edith Moore (ADDRESS) Callao Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bever DATE 7/19 1936

19. UNDERTAKER W. G. Edwards (ADDRESS) Callao Mo

20. FILED Aug 10, 1936 Mrs. Elsie Blew 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 July 16, 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 10:55 P.M.

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

Heat stroke 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:  
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) St. L. Trippeer, M. D.  
(Address) College mound Mo.

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