

OCT 5 1936

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

Do not use this space.

791

36041

1003

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. Missouri Pacific Hospital)

File No.....

Registered No. 9666

St. .... Ward)

2. FULL NAME SAMUEL LAMES MOORE(a) Residence, No. 655 N OLIVE NEVADA, MO. N.R. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)MALE White MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFMabel6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1867

7. AGE

69

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.03

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Section Laborer9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)MissouriMOTHER  
FATHER

13. NAME

John Moore14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

17. INFORMANT

Mrs. Samuel Moore

(ADDRESS)

625 N. Olive St., Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Nevada, Mo.

PLACE

DATE 9/191938

19. UNDERTAKER

(ADDRESS)

Robert J. Umbrester  
Clayton Rd. at Concordia Lane

20.

SEP 23 1936

19

J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 18, 193622. I HEREBY CERTIFY, That I attended deceased from  
AUGUST 7, 1936, to SEPTEMBER 18, 1936I last saw him alive on SEPTEMBER 18, 1936. Death is saidto have occurred on the date stated above, at 7 P. M.

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

HEMORRHAGE - SECONDARY - POST OP  
HYPERTROPHY OF PROSTATE - Benign  
MYOCARDITIS - CHRONIC

Date of onset

9-18-364:3021

Other contributory causes of importance:

930Name of operation Suprapubic Prostatectomy Date of 9-11-36What test confirmed diagnosis? C Was there an autopsy? No

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. F. Bredeck(Address) Missouri Pacific Hosp M. D.

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.

