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.

JAN 18 1937

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

Do not use this space.

44030

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 130 — File No.
Township Wells — Primary Registration District No. 5175 — Registered No.
City (No. , St. Ward)

2. FULL NAME Robert 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1878
7. AGE YEARS 58 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Cape Girardeau County Mo

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

MOTHER
15. MAIDEN NAME C. Catherine Posteim
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Arthur Moore Chaffee Mo R.F.D. 3
18. BURIAL, CREMATION, OR REMOVAL PLACE Caney Fork Center DATE 12/15 1936
19. UNDERTAKER (ADDRESS) McCombs Firm Lund Co Jackson Mo.
20. FILED 12-18- 1936 J M Slagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1934 to 12/14 1936
I last saw him alive on 12/5 1936 Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1935
Other contributory causes of importance: Chronic Nephritis	1934

Name of operation Date of
What test confirmed diagnosis? 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 A Cline, M. D.
(Address) Oran Mo