

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

Do not use this space.

44364

1. PLACE OF DEATH

County Green
Township _____
City Springfield (No. St. Johns Hospital)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 983 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Everton, Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 weeks Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (?) 1853

7. AGE YEARS about 83 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, 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) Gate City Virginia

13. NAME Wright Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gate City Vir

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gate City Vir

17. INFORMANT (ADDRESS) Mrs Hal Thurber 500 Central University City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knock DATE 12/25/36

19. UNDERTAKER (ADDRESS) Banksen Woolery Camden, Mo

20. FILED 12-1-36 Chas A George Md Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-36

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1936, to 12-1, 1936

I last saw him alive on 12-1, 1936 Death is said to have occurred on the date stated above, at 12:45 pm.

The principal cause of death and related causes of importance were as follows:
Prostatic Hypertrophy Date of onset _____

no malignancy

Other contributory causes of importance:
Arteriosclerosis

Name of operation Prostatectomy Date of 1-1-36

What test confirmed diagnosis? 1 exam 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) John W. Jennings, M. D.
(Address) Springfield Mo

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.

1936
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