

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Holmes
FEB 17 1937

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

Do not use this space.

1963

1. PLACE OF DEATH

County Know Registration District No. 445
Township Fsb143 Primary Registration District No. 5605
City Paris (No. 2) St. _____ Ward _____

2. FULL NAME

John Delaney 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Frances Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 26, 1863</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stamming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1 S</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>2 1/4</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Effingham Ga. Georgia</u>		
13. NAME <u>Delavan Brady Moore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Marial Saffington</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT <u>Mrs. Mary Frances Moore</u> (ADDRESS) <u>Sublet, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newark, MO</u> DATE <u>1/25/1937</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. Ball</u> <u>Evring, Mo.</u>		
20. FILED <u>725</u> , 19 <u>37</u> <u>Stanwell Mearns</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1937

22. I HEREBY CERTIFY, that I attended deceased from January 20, 1937, to January 22, 1937.
I last saw him alive on January 22, 1937. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Nephritis
Hypertension

Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinalysis 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) E. O. Holmes, M. D.
(Address) Newark Mo

132a

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Lafayette
City (No.) (St.) (Ward)

Registration District No. 445-
Primary Registration District No. 5605

File No.
Registered No.

2. FULL NAME

John Delance Moore
(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>11</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1/25 1937 Thomas Ball Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Nephritis (Chronic) (Date of onset) Nov. 1935

Other contributory causes of importance:

Cardiovascular - renal disease
Hypertension

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) E. D. Halmer, M. D.
(Address) Newark Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

5-1963