MAR 17 1937

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

Do not use this space.

File No. 5553

Registered No. 9

1. PLACE OF DEATH
County: Clinton
Township: Shoal
City: (No. St. Ward)
Registration District No. 204
Primary Registration District No. 5282

2. FULL NAME: Joseph Denton 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.

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.

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: Sylvia Alice Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 12, 1862
7. AGE: Years 74 Months 9 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): DeKalb Co. Mo.

FATHER
13. NAME: John Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Plynay Hyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co. Mo.

17. INFORMANT (ADDRESS): Mrs J D Moore Cameron Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Osborn Mo DATE: Feb 18, 1937
19. UNDERTAKER (ADDRESS): J. W. Polanyd Cameron Mo
20. FILED: Feb 18, 1937 #7 W C A Kirby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 16, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1936 to Feb 16, 1937
I last saw him alive on Feb 9, 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiocardiitis	2 mo
	2 mo

Other contributory causes of importance: None

Name of operation: Date of: No
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? No
If so, specify
(Signed) A O Gillilland, M. D.
(Address) Cameron Mo