MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH
62 County Madison
Township German
City Marquand (No. ..... St. ..... Ward)

Registration District No. 539
Primary Registration District No. 5728

File No. 16935
Registered No. 9

2. FULL NAME Lester 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 75 yrs. ✓ mos. ✓ ds. ✓ How long in U. S., if of foreign birth? — yrs. ✓ mos. ds.

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: Mrs Lester Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 29-1886

7. AGE: 51 YEARS | MONTHS | DAYS 1 | 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): Constantly
11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bessville Mo

FATHER
13. NAME: Geo Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: — Rhodes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Dick Homan Marquand Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bessville Mo DATE: Apr 1 1937

19. UNDERTAKER (ADDRESS): Homan Ed. Marquand

20. FILED: Apr 1 1937 S. C. Slaughter Registrar
By E. D. Schwanke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 15, 1937, to Mch 30, 1937
I last saw him alive on 3/29, 1937. Death is said to have occurred on the date stated above, at P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright disease	2 yrs

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Other contributory causes of importance: Arterio Sclerosis

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? No
If so, specify .....
(Signed) H Harry Barron, M. D.
(Address) Fredericktown Mo

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