

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

Do not use this space.

JUL 31 1937

25082

1. PLACE OF DEATH

County Taney
Township Sandy
City (No. _____) _____

Registration District No. 861
Primary Registration District No. 6132

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME

Joseph Melton 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Jane Moore

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1859

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

7. AGE YEARS 78 MONTHS - DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

Date of onset

Acute Myocardial Infarction
Chronic Myocardial Infarction
Paroxysmal Angina pectoris

Other contributory causes of importance:

Hypertension 131
afternoon

12. BIRTHPLACE (CITY OR TOWN) Taney County (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____

13. NAME William E. Moore

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Fannie Hayworth

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Sam Moore (ADDRESS) Ferryth, Mo.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Snapp Cemetery DATE June 10, 1937

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

19. UNDERTAKER none (ADDRESS) _____

(Signed) W. H. Brown, M. D.

20. FILED 6/10 1937 Jane Brown Registrar

(Address) _____

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.

