REC'D APR 20 1938

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

Do not use this space.

File No. 11299

Registered No.

1. PLACE OF DEATH
County Lawrence
Township Ozark
City Ash Grove R 3 (No. , St. Ward)

Registration District No. 474
Primary Registration District No. 2638

2. FULL NAME James Edgar Moore 600
(a) Residence, No. Ash Grove, Mo R3 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 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: Amanda Rook Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 16, 1867

7. AGE: Years 70 | Months 4 | 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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianna

FATHER
13. NAME: Andrew Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER
15. MAIDEN NAME: Rosanna Lafferty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Mrs. Amanda Moore, Ash Grove, Mo R3

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Burial Hopewell Cemetery DATE: 3-18, 1938

19. UNDERTAKER (ADDRESS): Brim Funeral Home, Aurora, Mo

20. FILED: 3/18, 1938 Mrs. Anna Wilkerson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-17-38, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him alive on after death, 19 Death is said to have occurred on the date stated above, at 5.30 a.m.
The principal cause of death and related causes of importance were as follows:

Found dead in the bed had been subject to heart attacks, Coronary Thrombosis

Date of onset

Other contributory causes of importance:
Influenza

94 Co.

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) Herman Durridge Coroner, ~~M.D.~~
(Address) Aurora, 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.

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