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.

REC'D APR 18 1938

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

11714
Do not use this space.

1. PLACE OF DEATH
(a) County Perry
(b) Township
(c) City Perryville Mo.
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 660
Primary Registration District No. 4396
Registered No.

2. PRINT FULL NAME Victor V. Moore 600
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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: Bertha C. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29 1869

7. AGE: YEARS 68 | MONTHS 7 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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): Perry Co. Mo.

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

MOTHER
15. MAIDEN NAME: Ambrosie Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co Mo.

17. INFORMANT (ADDRESS): Bertha C. Moore, Perryville RFD. # 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope Ceme DATE March 19 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Young & Sons, Perryville Mo.

20. FILED Mar 18 1938 Jos J Zollner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1938, to 3-16 1938
I last saw him alive on 3-4 1938. Death is said to have occurred on the date stated above, at 7:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilitation	Sudden
93C	
Other contributory causes of importance: Chronic Myocarditis with marked decompensation	2 yrs.

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) Oscar A Carron, M. D.
(Address) Perryville, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Edward L. Haney

Licensed Embalmer No. 2138

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.