REC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH
County Adair
Township Salt River
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 4
Primary Registration District No. 5001

File No. 13896
Registered No. 69

2. FULL NAME Fred B. Moore 600

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9" 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	3	16	

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) July 1937
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo 0

FATHER

13. NAME John Moore 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis. 1

MOTHER

15. MAIDEN NAME Margaret Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Edna Moore Brashear, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brashear County DATE Apr. 26" 1938

19. UNDERTAKER (ADDRESS) F. R. Easley Brashear Mo.

20. FILED Apr. 26, 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24", 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1938, to Apr 24, 1938
I last saw him alive on Apr 18, 1938. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset 15 mo. 0 yr.

71 a

Other contributory causes of importance:

Name of operation 0 Date of 0
What test confirmed diagnosis? 0 Was there an autopsy? No

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) H. M. Humphrey 1, M. D.
(Address) Brashear, Mo.

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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.