

REC'D MAY 11 1938

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

Do not use this space.

15636

1. PLACE OF DEATH

County RandolphRegistration District No. 935Township Waverly MoPrimary Registration District No. 3034City Waverly Mo (No. 1002 Buchanan)

File No. _____

Registered No. PH

St. _____ Ward _____

2. FULL NAME Gerald Lee Moore(a) Residence, No. 1002 Buchanan St. 5th Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 11-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2 8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Waverly Mo

13. NAME

George Moore

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

Missouri

15. MAIDEN NAME

Marjorie Jones

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

Randolph Co Mo

17. INFORMANT (ADDRESS)

George Moore (father) 1002 Buchanan Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLAC Mount Salem DATE April 8 1938

19. UNDERTAKER (ADDRESS)

Snow Funeral Home Waverly Mo

20. FILED

April 7 1938 Ethel G. Galah Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from

Waverly Mo, 19____

I last saw h. _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

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

Congenital heart disease, Date of onset(Blue Baby)

Date of onset

3-11-38

Other contributory causes of importance:

157C

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) E. J. Prader, Coroner, M. D.(Address) Waverly 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.

