

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

REC'D JUN 17 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ClayRegistration District No. 203Township PlattePrimary Registration District No. 4/22City Smithville

(No.)

File No. 18036Registered No. 112. FULL NAME James B Moore

(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

Male

4. COLOR OR RACE

White5. ~~STATE~~ MARRIED, WIDOWED OR~~DIVORCED~~ (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

~~WIFE OF~~Florence Walker Moore

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

June 8, 1881

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

561113day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Hwde Clerk9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.And Plumber10. Date deceased last worked at
this occupation (month and
year) Oct. 19, 193711. Total time (years)
spent in this
occupation. 1212. BIRTHPLACE (CITY OR TOWN) Platte County, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME Thomas J. Moore14. BIRTHPLACE (CITY OR TOWN) Mt. Sterling, Ky.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Frances Ellen Allison16. BIRTHPLACE (CITY OR TOWN) Frankfort, Ky.
(STATE OR COUNTRY)17. INFORMANT Mrs. Florence Moore
(ADDRESS) Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithville IOOF Cem. DATE May 23, 193819. UNDERTAKER McComas Mortuary
(ADDRESS) Smithville, Mo.20. FILED 5/23 1938E. C. Hill
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 193822. I HEREBY CERTIFY That I attended deceased from
Feb 10, 1938 19... to May 21 1938I last saw h. e. alive on May 21 1938 Death is said
to have occurred on the date stated above, at 7:30 p. m.

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

Pyelonephritis

Date of onset

Other contributory causes of importance:

Fracture 3rd cervical vertebrae
Paralysis arms & legsName of operation No Date ofWhat test confirmed diagnosis? Exan 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. C. Hill184 (Address) Smithville, Mo.

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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DEC 1 1944

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

18036
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
(b) Township _____ Primary Registration District No. 4122 Registered No. _____
(c) City Smithville (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.

2. PRINT FULL NAME

(a) Residence, No. Jas. B. Moore St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19... I last saw him... 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:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 11 13

Pyelonephritis Date of onset

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.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributor causes of importance: Fracture 3 cervical vertebrae Paralysis arm & leg

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19...

Local Registrar.

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? Accident Date of injury Oct 19, 1937 Where did injury occur? Smithville Mo (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Auto Accident - Struck while walking

Manner of injury Pedestrian - Struck by auto Nature of injury 3 cervical vertebrae fracture

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. E. Spelman, M. D. (Address) Smithville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

...of ... state ... is very important.

S-18036

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