

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18236
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township Springfield Baptist Primary Registration District No. 2001 Registered No. 237A
 (c) City Springfield (d) Street No. Springfield Baptist Hospital
 (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. John Herbert Moore 600 St. Edwards Mo 100 2
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 30 - 1914
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 10 14

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

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

FATHER 13. NAME Delmar Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

MOTHER 15. MAIDEN NAME Sheba Weil

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weil Co Mo

17. INFORMANT (ADDRESS) Delmar Moore
Edwards Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE 3-15-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. Spina
Springfield Mo

20. FILED JUN 6 '38 Charles George (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-38
 22. I HEREBY CERTIFY, That I attended deceased from 3-10 1938, to 3-14 1938
 I last saw him alive on 3-13 1938. Death is said to have occurred on the date stated above, at 6:54 a.m.
 The principal cause of death and related causes of importance were as follows:

Appendicitis acute perforated 3/8
 Peritonitis acute spreading 3/10
 Other contributory causes of importance: 121
 Name of operation Appendectomy Date of 3/10
 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 W

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Robert Glynn, M. D.
 (Signed) Springfield (Address)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

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