

REC'D JUN 10 1938

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

18511
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township _____ Primary Registration District No. 3020
(c) City Carthage (d) Street No. 305 Orner Registered No. _____
(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. 9 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William David Moore 600
(a) Residence, No. 305 Orner 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1858</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation _____
	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) _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 9</u>	
	13. NAME <u>9</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>9</u>	
	15. MAIDEN NAME <u>9</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>9</u>	
17. INFORMANT (ADDRESS) <u>J. R. Moore (son)</u> <u>Monett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>May 10, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Ulmer Funeral Home</u> <u>Carthage, Mo.</u>		
20. FILED <u>May 10, 1938</u> <u>E. J. McIntire, M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to May 9, 1938
I last saw him alive on May 7, 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:
Chr. Nephritis
Chr. Myocarditis
Date of onset (?)
(?)

Other contributory causes of importance:
arteriosclerosis
Hypertension
(high blood pressure)
(?)

Name of operation none Date of _____
What test confirmed diagnosis? physical 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) George H. Ward, M.D.
(Address) Carthage Mo.
865

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.

WHITE PAPER, WITH CONTINUING STRIP—THIS IS A PERMANENT RECORD

I X12600

STATEMENT BY LICENSED EMBALMER

I, Ed C. Ulmer, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Ed C. Ulmer

Licensed Embalmer No. 2222

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.)