

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 10 1938

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

1938
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 774
(b) Township St. Francois Primary Registration District No. 4465 Registered No. 778
(c) City Flat River (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 Thos. E. Moore 600

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Ada Moore (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23^d - 1870
7. AGE YEARS 67 MONTHS 11 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1937, to May 10, 1938
last saw him alive on May 10, 1938. Death is said to have occurred on the date stated above, at 7:29 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as saw mill, bank, etc. add job
10. Date deceased last worked at this occupation (month and year) 1/19
11. Total time (years) spent in this occupation 45

Chronic nephritis
apoplexy
Date of onset 131
Other contributory causes of importance:
hypertension
arterio sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mine la Motte Mo

FATHER 13. NAME B. F. Moore

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

MOTHER 15. MAIDEN NAME Sarah E. Bradley

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

17. INFORMANT Ada Moore (ADDRESS) Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Christiana Cemetery (Friedrichtown Mo) DATE 5-13-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baldwell Bros Flat River Mo.

20. FILED 6/2 1938 B. B. Barrer Local Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? exam 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. H. Applegate, M. D.
(Address) Flat River Mo

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.