

REC'D AUG 9 1938

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

26798
Do not use this space.

1. PLACE OF DEATH
 (a) County Wright Registration District No. 907
 (b) Township Pleasant Valley Primary Registration District No. 4548
 (c) City Manfield (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Columbus H Moore
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie A. Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1875
 7. AGE YEARS 62 MONTHS 11 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 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) June 10 - 1938 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Tennessee
 FATHER 13. NAME Henderson Moore
 14. BIRTHPLACE (CITY OR TOWN) Bone Co. (STATE OR COUNTRY) Tennessee
 MOTHER 15. MAIDEN NAME Martha Jones
 16. BIRTHPLACE (CITY OR TOWN) Bone Co. (STATE OR COUNTRY) Tennessee
 17. INFORMANT Mattie A. Moore (ADDRESS) Manfield Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fundley Cem DATE July 31, 1938
 19. FUNERAL DIRECTOR F. A. Steffel (ADDRESS) Manfield Mo
 20. FILED Aug 1, 1938 J. M. D. Short Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938
 22. I HEREBY CERTIFY That I attended deceased from July 1, 1938, to July 29, 1938
 I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 5:15 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Block
 Date of onset 10.2.38
 Other contributory causes of importance: Myocardial Infarction + Carditis
 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? _____ 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? _____
 If so, specify _____
 (Signed) J. A. Tison, M. D.
 (Address) Manfield Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

9700 M. H. Wood

30-1812

PS

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STATEMENT BY LICENSED EMBALMER

I, F.A. Stiffe

Licensed Embalmer No. 3221

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed F.A. Stiffe

Licensed Embalmer No. 3221

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.)