

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

29067
 Do not use this space.

1. PLACE OF DEATH
 (a) County Howell Registration District No. 384
 (b) Township Howell Primary Registration District No. 5535 Registered No. _____
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME EDWARD GLADSTONE MOORE
 (a) Residence, No. West Plains, Mo. Route 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Maggie Bell Moore
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 6 26 _____
 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) Aug. 27, 38 11. Total time (years) spent in this occupation 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa.
 FATHER 13. NAME James Moore.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool, England.
 MOTHER 15. MAIDEN NAME Laura Josephine Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kossuth Valley, Iowa.
 17. INFORMANT Mrs. Maggie Moore
 (ADDRESS) West Plains, Mo. Route 2.
 18. BURIAL, CREMATION, OR REMOVAL Chapel Hill Cem.
 PLACE Chapel Hill Twp DATE Aug. 28, 38
Howell County.
 19. FUNERAL DIRECTOR Thornburgh Funeral Home
 (ADDRESS) West Plains, Mo.
 20. FILED 8-28 1938 Vida W. SIMONS
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____ 19____. Death is said to have occurred on the date stated above, at 4:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Natural Causes--Heart attack probably. (Died on own lawn after working and was among neighbors and members of own family.) Date of onset _____
 Other contributory causes of importance: 209A
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify Mrs. Mayne C. Thornburgh
 (Signed) _____
 (Address) West Plains, 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.

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408

hereby certify that the body recorded on the reverse side of this certificate was embalmed by (Body not embalmed)

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Hal Thornburgh

Licensed Embalmer No. 3408

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.)