

1937 SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County Scott

Registration District No. 816

File No. 30110

Township

Primary Registration District No. 449.2

Registered No. 20

City Chaffee (No. _____) St. _____ Ward _____

2. FULL NAME George W. Moore

(a) Residence, No. 221 Parkey St. 3rd Ward. Chaffee Mo
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Moore

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1938, to Aug. 27, 1938

I last saw him alive on Aug. 26, 1938. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1, 1860

to have occurred on the date stated above, at 2:50 p.m.

7. AGE YEARS 78 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cystadenoma! Date of onset 1934

Prostatectomy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smiths Creek Mich

Other contributory causes of importance: Chronic cystitis with cystalgia and almost constant Hemorrhage from bladder

FATHER 13. NAME Don't know

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

What test confirmed diagnosis? _____ Was there an autopsy? No

MOTHER 15. MAIDEN NAME Don't know

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Jack Robb Chaffee Mo

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL East Cem. Chaffee Mo DATE 8/28 1938

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Bislinghoff Clubb Chaffee Mo

If so, specify _____ (Signed) of L. Cordrey, M. D.

20. FILED 8/27 1938 W. D. June Registrar.

(Address) Chaffee Mo

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

1237

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30110

Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 816
 (b) Township _____ Primary Registration District No. 4492 Registered No. _____
 (c) City Chaffee (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 George W. Moore

(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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 36

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cystadenoma Not malignant
Prostatectomy
137-

Other contributory causes of importance:

Chronic cystitis with cystadenoma. Had been operated on for cystadenoma 4 years prior to death.

Name of operation for _____ Date of operation _____
 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) H. L. Fardeley, M. D.
 (Address) Chaffee, Mo.

In order

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-30110