

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.

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

Do not use this space.

RECD JAN 6 1938

42777

1. PLACE OF DEATH

24 County Clay 2  
Township Kearney 1  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 200  
Primary Registration District No. 279B

File No. \_\_\_\_\_  
Registered No. 13 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Thomas Moore

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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

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>Sarah Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3 - 1863</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on Permer, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6 P.M.

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

Coronary Occlusion Date of onset \_\_\_\_\_

Other contributory causes of importance: 94 B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? History 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) M. J. Austin M. D.

(Address) Clay County

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robert H. Moore

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

MOTHER 15. MAIDEN NAME Amelia Richards

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

17. INFORMANT Josephine Moore

(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nichols Cem DATE Sept 8 1938

19. UNDERTAKER Leonard Fay

(ADDRESS) Kearney Mo

20. FILED: 9/8/38 Phas Smith

Registrar.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12/29/38