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.

REC'D FEB 23 1939

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

Do not use this space.

2488

1. PLACE OF DEATH
County: Howard
Township: Prairie
City: Out (No. ..... St. ..... Ward)
Registration District No. 376
Primary Registration District No. 4-2-20 552 4 A
File No.
Registered No.

2. FULL NAME: Jeff Moore
(a) Residence, No. ..... St. RR ..... 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: Male
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): Lettie Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 23-1894
7. AGE: Years 44 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Jan 6/39
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co Mo

FATHER
13. NAME: Zachariah Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sarah E. Hooten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mr Chas Fisher Salisbury Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Roanoke Mo DATE: Jan 9th-39
19. UNDERTAKER (ADDRESS): Geo Oeschner Armalong Mo
20. FILED 1-6, 1939 W M Dennison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 6th, 1939
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 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanging by rope.	
attempt Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19.....
Where did injury occur? Howard Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In house
Manner of injury: Hung self with rope
Nature of injury: Strangulation
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) F W Hawkins, M. D.
(Address) Glasgow Mo
3-39

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2/7/39