

1936 MAY 11

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

Do not use this space.

717

1. PLACE OF BIRTH

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 85

Primary Registration District No. 1001

File No. 14328  
Registered No. 451

2. FULL NAME

(a) Residence, No. North Salem (Mo.) St.

Ward. North Salem, Mo  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 2 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1901

7. AGE YEARS 37 MONTHS 11 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home farm

10. Date deceased last worked at this occupation (month and year) 1-3-36 11. Total time (years) spent in this occupation 15

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

13. NAME Wm Henry Moore

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

15. MAIDEN NAME Sarah Bailey

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

17. INFORMANT Hospital Records (ADDRESS) St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede, Mo DATE April 26 39

19. UNDERTAKER Heaton, Bechler & Bowman (ADDRESS) 319 S. 10th St. Sunbeam Home

20. FILED Apr 26 39 H. G. Neettlebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1939, to April 26 1939  
I last saw him alive on April 26 1939 Death is said to have occurred on the date stated above, at 7:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Syringomyelia  
3/10

Other contributory causes of importance:  
Pneumo-pneumonia Apr 18  
(Unresolved)  
Dyspnoea Apr 16

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Donald H. Breit, M. D.

(Address) State Hosp # 2

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.

ZONE-2-10-36  
1 X7284

STATEMENT BY LICENSED EMBALMER

I W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) W. E. Summerfield

Licensed Embalmer No. 3007

**NOTE:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING.**  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)