

REC'D MAY 22 1939

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

15484
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029 Registered No. 117
(c) City Hannibal (d) Street No. Levering Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Whorton Moore

(a) Residence, No. 820 Grand Avenue St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Elizabeth Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1852.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>87</u>	<u>2</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Near Hamspearia Mo.

13. NAME Charles C. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) R. V. Moore
902 Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Mokane Mo. DATE 5/2/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths' Funeral Home
Hannibal, Missouri

20. FILED Apr 1 19 39 W. E. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 - 1939, to Mar. 31 - 1939
I last saw him alive on Mar. 30, 1939. Death is said to have occurred on the date stated above, at 1:45 a. m.
The principal cause of death and related causes of importance were as follows:

Functional Heart Disease
unknown
Other contributory causes of importance: anasarca and general edema
about Jan 1, 39

Name of operation clinical Date of about Jan 1, 39
What test confirmed diagnosis? clinical 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) E. R. Motley, M. D.
(Address) Hannibal, Mo.

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.

W. E. Fisher

I X 16003

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. J. Marsh L. E. 3932....., Registered Apprentice No.....

working under my personal supervision.

Signed *Crawford Smith*.....

Licensed Embalmer No. 3814.....

P. O. Address Hannibal Mo......

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.)

If this body is not embalmed, above space should be left blank.