

REC'D SEP 13 1939

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

30095
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 1115
 (b) Township Liberty Primary Registration District No. 6021 Registered No. 9
 (c) City Knob Lick, Mo. (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 Joseph Wesley 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 ?

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. farmer
 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) St. Francois County Missouri

FATHER
 13. NAME Riley Moore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER
 15. MAIDEN NAME Mary E. McFarlin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois City Missouri

17. INFORMANT (ADDRESS) M. T. Moore Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knoblick DATE 8/31/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hugo Cozart Farmington Mo.

20. FILED 8/31 1939 W. G. Rydeen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1939

22. 11 HOURS AFTER THE TIME That he/she died extended deceased from _____, 19____, to _____, 19____. Death is said to have occurred on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Gastric hemorrhage
Gastric ulcer
 Date of onset _____

Other contributory causes of importance: Nephritis

Name of operation _____ Date of _____
 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? No
 If so, specify _____
 (Signed) W. Harry Pearson, M. D.
 (Address) Farmington Mo.

Every measurement 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.

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,

C. H. Cozart

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

C. Hugo Cozart

Licensed Embalmer No.....

0408

P. O. Address.....

Farmington

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.