

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

40980
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 827
 (b) Township Clay Primary Registration District No. 6089
 or
 (c) City Clayton (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 33 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 608 B Charley Luther Moore
Clayton, Shelby Co Mo (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1879
 7. AGE 60 YEARS 4 MONTHS 7 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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. Teacher
 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) Macon Co Mo

13. NAME David Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Chester Moore
Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Wood DATE Nov 27 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Millions' Bookers
Clarence Mo

20. FILED Dec 7 1939 Ray Hamilton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1936, 19____, to Nov 25 1939, 19____.

I last saw him alive on Nov 1 1939, 19____. Death is said to have occurred on the date stated above, at 4p/m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the right cheek.

Date of onset

1936

Other contributory causes of importance: 45

Name of operation erosion with arsenic paste Date of 1938

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 _____ no
 Nature of injury _____ no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) D. L. Harlan M. D.
Clarence Mo (Address)

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.

I X18955

RECEIVED

District Health Officer No. 10,

District File Number 12-39-2106

Date Filed DEC 7 1939

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.....

Henry A. Barkley, Registered Apprentice No. 3835
working under my personal supervision.

Signed Henry A. Barkley

Licensed Embalmer No. 3835

P. O. Address Shelburne Vt.

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.