

MAY 3 1940

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Middlefork
City Worth (No. 0)Registration District No. 903
Primary Registration District No. 6213File No. 16412
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 4 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle E. Moore6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 29, 18607. AGE 79 YEARS 9 MONTHS 6 DAYS 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.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 6012. BIRTHPLACE (CITY OR TOWN) Cadiz Ohio (STATE OR COUNTRY) 113. NAME William Moore 114. BIRTHPLACE (CITY OR TOWN) Cadiz Ohio (STATE OR COUNTRY) 115. MAIDEN NAME Emeline Brooks16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)17. INFORMANT Clayton Michel (ADDRESS) Worth, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Worth City DATE Nov 7 193919. UNDERTAKER Worth (ADDRESS) Worth20. FILED Apr 30 1940 Clifford Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 193922. I HEREBY CERTIFY, That I attended deceased from Oct 25 1939 to Nov 5 1939I last saw him alive on Nov 5 1939. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Nov 2-1939

Other contributory causes of importance:

Myocardial Infarction

Name of operation _____ Date of _____

What test confirmed diagnosis Physician's 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? noIf so, specify Charles J. Williamson SS(Signed) Clayton Michel (Address) Worth, Mo

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.

