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 st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imports

I X14028

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

JUL 17 1940

22435
Do not use this space.

1. PLACE OF DEATH
(a) County Oregon
(b) Township Moore
(c) City
(d) Street No. ..... 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. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No. 1143
Registered No. 4

2. PRINT FULL NAME 600 George Willis Moore
(a) Residence, No. Thomasville, Mo. St. Rural
(Usual place of abode, if no street address, write county or city)
(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: Cora Giles Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17, 1866

7. AGE: YEARS 73 | MONTHS 8 | DAYS - | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Oregon Co. Missouri

FATHER
13. NAME: Robert Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Whitwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mrs. Geo. W. Moore, Thomasville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thomasville DATE 6/19/40, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Leo Carr, Thayer, Mo. 566

20. FILED 6-19, 1940 Mrs. A. O. Roberts
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1940, to June 17, 1940
I last saw her alive on June 11, 1940. Death is said to have occurred on the date stated above, at 3:00 P. M.
The principal cause of death and related causes of importance were as follows:

Cebr. Del. Thomasyn

Date of onset

82 D

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) S. O. Hilton, M. D.
(Address) Alton Ga.

Licensed Embalmer's Statement on Reverse Side) Hilton

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 .....,

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

RECEIVED
District Health Officer No. 5,
District File Number 240 249
Date Filed 7/1/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.