

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

Do not use this space.

10618

1. PLACE OF DEATH

County Rain
Township
City Marceline

Registration District No. 582
Primary Registration District No. 4305

File No.
Registered No. 9
St. Ward

2. FULL NAME

Samuel Travis Moore

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 7 addie Arnold Moore (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. live stock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shipper
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Holliday (STATE OR COUNTRY) Mo

MOTHER 13. NAME Phillip Moore

14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) 9

15. MAIDEN NAME Mary Kathrie

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 1

17. INFORMANT Emmett Moore (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Abert DATE Mar 22 1931

19. UNDERTAKER Jas M. Laughlin (ADDRESS) Marceline Mo

20. FILED 3/22 1931 Ala. Entwiss Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1931

22. I HEREBY CERTIFY That I attended deceased from Mar 13 1931 to Mar 21 1931. I last saw h. nat. alive on Mar 20 1931. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

apoplexy
82A
g 20
Other contributory causes of importance:
Date of onset 3-19-31

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) R. W. Sater, M. D. (Address) Marceline, Mo.

CAUSE OF DEATH in plain text. Every item of info. must be stated. Exact statement of OCCUPATION is very important. N. B.—Every item of info. must be stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important. MAR 24 1931

1950-1951

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