

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

Do not use this space.

**30868**

**1. PLACE OF DEATH**

County Cooper Registration District No. 224  
Township North Monticau Primary Registration District No. 5809  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 15

**2. FULL NAME** Edward Ewing Moore

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matilda Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1-1871</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>10</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11: Total time (years) spent in this occupation
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)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1930, to 9-22 1931  
I last saw him alive on 9-20 1931 Death is said to have occurred on the date stated above, at 9 P m.  
The principal cause of death and related causes of importance were as follows:  
Gastric - Stomach Date of onset  
46 P 46 B  
103  
Other contributory causes of importance:

OCCUPATION

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Squire Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Frances Lovell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J. W. Elliott  
(ADDRESS) Prarie Home 270

18. BURIAL, CREMATION, OR REMOVAL PLACE Tragah Cem. DATE 9-24 1931

19. UNDERTAKER Albert Hornbeek  
(ADDRESS) Prarie Home 270

20. FILED 9-23 1931 A. L. Meredith  
Registrar.

Name of operation Gastro Interostry Date of 9/26/30  
What test confirmed diagnosis Operative 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?  
If so, specify \_\_\_\_\_  
(Signed) A. L. Meredith, M. D.  
(Address) Prarie Home 270

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.

NOV 24 1931

