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

Do not use this space.

36792

1. PLACE OF DEATH
County Andrain
Township Cuivre
City Vandalia (No. ..... St. ..... Ward)

Registration District No. 912
Primary Registration District No. 4550

File No. .....
Registered No. .....

2. FULL NAME Charles Henry 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 male
4. COLOR OR RACE white
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word) Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	10	Av	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 5

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

FATHER

13. NAME Evangel Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know U.S.

MOTHER

15. MAIDEN NAME Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know U.S.

17. INFORMANT (ADDRESS) Mrs Chas Schulze

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Forsyth Iowa DATE 11-27, 1931

19. UNDERTAKER (ADDRESS) J. B. Clark

20. FILED Nov 27, 1931 Maurice Fregue Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P.m.

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

Appopexy

No attending Physician

82A

Other contributory causes of importance:

82A

Date of onset

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) E. McH. Bridgeford, M. D.

(Address) Corner Mexico Ma by H. P. Ogden

(over)

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.

DEC 21 1931

Vandalia Mo
Nov 26 1931

We the Jury find the deceased came to his death from apoplexy

Will F. Ausfahr - Foreman