

SEP 18 1934

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

Do not use this space.

33805

1. PLACE OF DEATH

County Ralls CoRegistration District No. 727

Township

Primary Registration District No. 595-9

City

(No.

St.

Ward)

2. FULL NAME

John William Moore

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

Length of residence in city or town where death occurred 7 yrs. 8 mos. 18 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhoda Moore6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-13-18627. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 8 188. 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) At his life If Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Pageville Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Ebbs Board16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Horn Moore (ADDRESS) Laddonia Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Laddonia DATE Sept. 2 193419. UNDERTAKER J. H. Kwik's (ADDRESS) Mo.20. FILED Sept. 1 1934 R. H. Stovells Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 193422. I HEREBY CERTIFY, That I attended deceased from Mar. 1 193, to Sept. 1 1934I last saw him alive on Sept. 1 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Pulmonary Tuberculosis aggravated by dysentery - last 5 days of life
2:30 P.M.
1934

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? No Date of injury _____, 1934Where did injury occur? at the Ralls Co. Mo. (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. E. Suter, M. D.(Address) Perry Mo.

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

