

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.

551 15 1934

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

Do not use this space.

35583

1. PLACE OF DEATH

County Cooper Registration District No. 218  
Township Boonville Primary Registration District No. 3010  
City Boonville (No. ....) St. .... Ward)

File No. 140  
Registered No. ....

2. FULL NAME Sam 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1880

7. AGE YEARS 53 MONTHS 11 DAYS 14 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker  
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) 11. Total time (years) spent in this occupation.

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

13. NAME Ephram Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

15. MAIDEN NAME Ellen Hall

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

17. INFORMANT Mrs Ellen Moore (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE Oct 3 - 1934

19. UNDERTAKER Goodman & Bolle (ADDRESS) Boonville Mo

20. FILED W3 1934 J. P. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 1 - 1934 to Oct 1st 1934

I last saw him alive on Sept 1st 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 5  
What test confirmed diagnosis Microscopic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1934

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) J. D. Ligg, M. D.  
(Address) Boonville, Mo

DEC 19 1952

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cooper  
Township  
City Boonville (No. .... St. .... Ward)

Registration District No. 218  
Primary Registration District No. 3015

File No. ....  
Registered No. 140

**2. FULL NAME**

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

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. (If nonresident, give city or town and State)

Jam Moore

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) J

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

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

to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day..... hrs. or..... min.

Tuberculosis Date of onset

Pulmonary

JM

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19 10/10/34 Registrar

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)....., M. D.  
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

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