

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

Do not use this space.

JUL 1 1935

18785

**1. PLACE OF DEATH**

County Vernon  
Township Blummond  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 880  
Primary Registration District No. 6170

File No. \_\_\_\_\_  
Registered No. 14 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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)

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1914</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>8</u>
		<u>12</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fanner</u>	
	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) <u>May 1935</u>	11. Total time (years) spent in this occupation <u>5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Schell City Mo Missouri</u>		
FATHER	13. NAME <u>Thomas F Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Mantia Lee Horton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>William L Moore Schell City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flat Rock</u> DATE <u>May 31, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Auto Lewis &amp; Son Schell City Mo</u>		
20. FILED <u>57 30</u> 1935 <u>V. C. B. Davis</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 1935, to May 30 1935  
I last saw him alive on May 30 1935 Death is said to have occurred on the date stated above, at 10 P m.  
The principal cause of death and related causes of importance were as follows:  
Corysipeles Date of onset May 18 1935

Other contributory causes of importance: 15

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_  
(Signed) J. P. Carlson, M. D.  
(Address) Schell City Mo

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.

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