

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified.

JUL 25 1936

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

Do not use this space.

23822

1. PLACE OF DEATH *Pettis Washington*
 County *Pettis* Registration District No. *664*
 Township *Washington* Primary Registration District No. *5-884*
 City *S. P. Moore* (No. *S. P. Moore*) St. *St.* Ward *Ward*

2. FULL NAME *S. P. Moore, Stephen Preston Moore*
 (a) Residence, No. *S. P. Moore* St. *St.* Ward *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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs S. P. Moore*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 11th 1859*

7. AGE YEARS *76* MONTHS *6* DAYS *12* IF LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *His Own*
 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) *Platt Co Mo*

FATHER
 13. NAME *Harrison Moore*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

MOTHER
 15. MAIDEN NAME *Unknown to Informant*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *Mr S. P. Moore, His Wife* (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St. P. Moore* DATE *June 12 1936*
 19. UNDERTAKER *G. B. Shelley* (ADDRESS)
 20. FILED *June 12 1936* *G. B. Shelley* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 11th 1936*

22. I HEREBY CERTIFY That I attended deceased from *June 9, 1936*, to *June 11, 1936*
 I last saw him alive on *June 9, 1936*. Death is said to have occurred on the date stated above, at *8:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular disease of heart Date of onset *A. K.*

Other contributory causes of importance:
None

Name of operation *None* Date of *None*
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *None* Date of injury *None*, 19 *None*
 Where did injury occur? *None* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*
 Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *None*
 (Signed) *H. A. Hite* M. D.
 (Address) *Green Ridge, Mo.*

