

250 FEB 24 1939

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

2959  
Do not use this space.

1. PLACE OF DEATH

(a) County Swainston Registration District No. 512  
(b) Township Mooreville Primary Registration District No. 5679 Registered No. \_\_\_\_\_  
(c) City Mooreville (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William G Moore

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Effie M. Moore  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 - 3 - 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as 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) Mooreville Mo.

FATHER 13. NAME William B Moore

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

MOTHER 15. MAIDEN NAME Amanda Gannon

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

17. INFORMANT (ADDRESS) Effie M. Moore Mooreville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mooreville DATE Jan 31, 1939

19. FUNERAL DIRECTOR (ADDRESS) James P Gordon Chellicothe Mo

20. FILED Jan 31 1939 Hazel Stamped Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1939  
22. I HEREBY CERTIFY That I attended deceased from July 1937 to 1-28-39  
I last saw him alive on 1-21-39 Death said to have occurred on the date stated above, at 11 P m.  
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset \_\_\_\_\_  
Other contributory causes of importance: 59'

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physical 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 Reuben Parney  
(Signed) Chellicothe Mo. M. D.  
(Address) \_\_\_\_\_

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.

STATEMENT BY LICENSED EMBALMER

I, James D. Gordon, Licensed Embalmer No. 1870

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L

L L. E. L

No. L or by L, Registered Apprentice No. -

working under my personal supervision.

Signed James D. Gordon

Licensed Embalmer No. 1870

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**