

DEC'D JUL 19 1939

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

23062

Do not use this space.

1. PLACE OF DEATH

(a) County... Randolph Registration District No. 733
(b) Township... Saltspring Primary Registration District No. 5-967 Registered No.
(c) City..... (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 GEORGE ARTHUR 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 <u>male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3, 1900</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>General Laborer</u>	
	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) <u>Salisbury Mo</u>		
FATHER	13. NAME <u>Alex Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co</u>	
MOTHER	15. MAIDEN NAME <u>Mahaley Robinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salisbury Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Mary Kincheloe Salisbury Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Huntsville</u> DATE <u>June 13 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Tom B. Patton Huntsville Mo</u>		
20. FILED <u>July 1 - 1939</u> <u>Mrs. D. A. Baruchart</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to June 6th, 1939
I last saw h. i. n. alive on June 6th, 1939. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Angine Pectoris

Date of onset	<u>6/20/39</u>
	<u>4/15/39</u>

Other contributory causes of importance: 94 b

Name of operation... none Date of.....
What test confirmed diagnosis? Exam Was there an autopsy? no

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) Philip Stayer, M. D.
661 (Address) Huntsville 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.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1159

Date Filed JUL 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.)

If this body is not embalmed, above space should be left blank.