

NOV 24 1939

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

36134

Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 327
(b) Township Galt Primary Registration District No. 4184 Registered No. 13
(c) City Galt (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 Walter H. Moor

(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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Moor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 27-1863</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>0</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>		If LESS than 1 day,hra. ormin.
9. Industry or business in which work was done, as saw mill, bank, etc. <u>-</u>		11. Total time (years) spent in this occupation <u>-</u>
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co. Mo</u>		
13. NAME <u>J B Moor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Mary E Seatt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs Bertha House</u> (ADDRESS) <u>Galt Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelburn Cemetery</u> DATE <u>Oct 4 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>R. H. Bowers & Son</u> (ADDRESS) <u>Galt Mo</u>		
20. FILED <u>10-2-1939</u> <u>H C Weston</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1939

22. I HEREBY CERTIFY, That I attended deceased from April 12 1939, to Oct 2 1939.
I last saw him alive on Sept 30 1939. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
94 W
Date of onset 10-2-39

Other contributory causes of importance:
Anemia ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Sym Was there an autopsy? N.O.

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) R. H. Bowers, M. D.
299 (Address) Galt Mo

RECEIVED

District Health Officer No. 11,

District File No. 1139-1483

Date Filed NOV 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 *PK Payne*.....

Licensed Embalmer No. *3400*.....

P. O. Address *Galtmo*.....

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.