

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.

FEB 24 1936

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

Do not use this space.

2627

1. PLACE OF DEATH

County Ray Registration District No. 737
Township Rayden Primary Registration District No. 744 5th
City Camden (No. 3035) Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15, 1844</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. <u>91 years 9 16</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Rev.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>church Methodist</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>22</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marsfield, Westerlo</u>		
FATHER	13. NAME <u>Thomas Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Liz Kendrick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North carolina</u>	
17. INFORMANT <u>Rosalie Hally</u> (ADDRESS) <u>Camden Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Grandy mo</u> PLACE <u>Grandy mo</u> DATE <u>Feb 9, 1936</u>		
19. UNDERTAKER <u>Chryman</u> (ADDRESS) <u>Richmond mo.</u>		
20. FILED <u>2-10</u> 19 <u>36</u> <u>E. E. Ray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1936

I HEREBY CERTIFY That I attended deceased from Jan 28, 1936 to Jan 30, 1936
I last saw him alive on Jan 30, 1936 Death is said to have occurred on the date stated above, at 5:10 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza
Date of onset _____

Other contributory causes of importance:
Old age infirmities

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Geo. S. Perington, M. D.
(Address) Camden Mo

