

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.

JUL 24 1935

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

Do not use this space.

20432

1. PLACE OF DEATH

County Monticau

Registration District No. 576

Township Harrison

Primary Registration District No. 5773A

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 13

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

mal

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 6 5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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)

Cole Co, Mo.

13. NAME

Rufus I Moore

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

Monticau Co

15. MAIDEN NAME

Hazel Carter

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

Cooper Co Mo

17. INFORMANT (ADDRESS)

Rufus I Moore  
High Point Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE High Point DATE 6/17 1935

19. UNDERTAKER (ADDRESS)

William E. Friedman  
California Mo

20. FILED

June 19-1935 Jewell W. Phillips  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15- 1935

22. I HEREBY CERTIFY, That I attended deceased from

19\_\_\_\_\_ to 19\_\_\_\_\_

I last saw h. alive on Never, 19\_\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Accidently poisoned  
on strychnine tablets  
which his father had  
been taking as a  
home

Date of onset 41

Other contributory causes of importance:

Name of operation NA 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? No

If so, specify \_\_\_\_\_

(Signed) N.R. Popen Coroner, M. D.

(Address) California Mo

