

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.

OCT 28 1930

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

Do not use this space.

29439

1. PLACE OF DEATH

County Cape

Registration District No. 213

File No. 215

Township Jefferson

Primary Registration District No. 30 14

Registered No. 215

City Jefferson (No.)

St. Ward

2. FULL NAME

(a) Residence. No. St. Ward

(Usual place of abode)

High Point Mo
(If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 22-1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8

2

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

School

(b) General nature of industry, business, or establishment in which employed (or employer).

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monticello Mo

10. NAME OF FATHER

George Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Bessie Blyne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

George Moore
High Point Mo

15.

FILED

9/24, 1930

Shelton

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1930

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., and that I last saw him alive on....., 19....., and that death occurred, on the date stated above, at....., m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis contributed to appendicitis.

12.1 R

12.7

CONTRIBUTORY (SECONDARY)

117 B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. Shelton, M. D.
9/24, 1930, (Address) Shelton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL

High Point Sept 24 1930

20. UNDERTAKER

ADDRESS

Shelton Shelton

