

JUN 7 1927

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

Do not use this space.

14801

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. at John Hospital)

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

Registered No. 314

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

Ward \_\_\_\_\_

2. FULL NAME L. E. Moore

(a) Residence. No. 476 E. Elm 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. \_\_\_\_\_

da. \_\_\_\_\_

How long in U.S., if of foreign birth?

Yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE wh

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Frances Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31 1871

7. AGE

YEARS 56

MONTHS 1

DAYS 17

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Oscar O. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Fannie Jenkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Frances Moore

(Address) Springfield Mo.

15. FILE 5/19/27

Ch. Horst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1927

17.

I HEREBY CERTIFY, That I attended deceased from May 12 1927, to May 18 1927 that I last saw him alive on May 18 1927, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1218  
1228 Tuberculosis

(duration) Yrs. \_\_\_\_\_ mos. 5 da. \_\_\_\_\_

CONTRIBUTORY (SECONDARY) Acute Appendicitis

(duration) Yrs. \_\_\_\_\_ mos. 7 da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRAICTED?

11713  
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 12 27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Essenden, M. D.

(Address) Springfield Mo

\*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

Moberly Mo

DATE OF BURIAL

5/20, 27

20. UNDERTAKER

Chas. J. Hensley Funeral Home  
336 Station

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.

10-10-10