

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

Do not use this space.

36169

1. PLACE OF DEATH

County Callaway  
Township Fulton  
City Fulton (No. ....)

Registration District No. 104  
Primary Registration District No. 3008

File No. ....  
Registered No. 245  
St. .... Ward)

2. FULL NAME

Henderson Moore  
(a) Residence. No. Fulton Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF The late Susan Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/11 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
89 ~~92~~ 8 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 1864 1916  
(c) Name of employer 47

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) America Va

10. NAME OF FATHER William Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va

12. MAIDEN NAME OF MOTHER Mary Smiley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT Judge Jim Moore  
(Address) Fulton Mo.

15. FILED Dec 14 1927 R. N. Crews  
REGISTRAR

6 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-13-1927

17. I HEREBY CERTIFY That I attended deceased from Aug-30-1925 Dec-13-1927 that I last saw him alive on Dec-13-1927 and that death occurred, on the date stated above, at 5:50 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio-sclerosis  
and decubites exhaustion  
resulting from an intra-capsular  
fracture of femur (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bile dementia - lock  
of cooperation (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

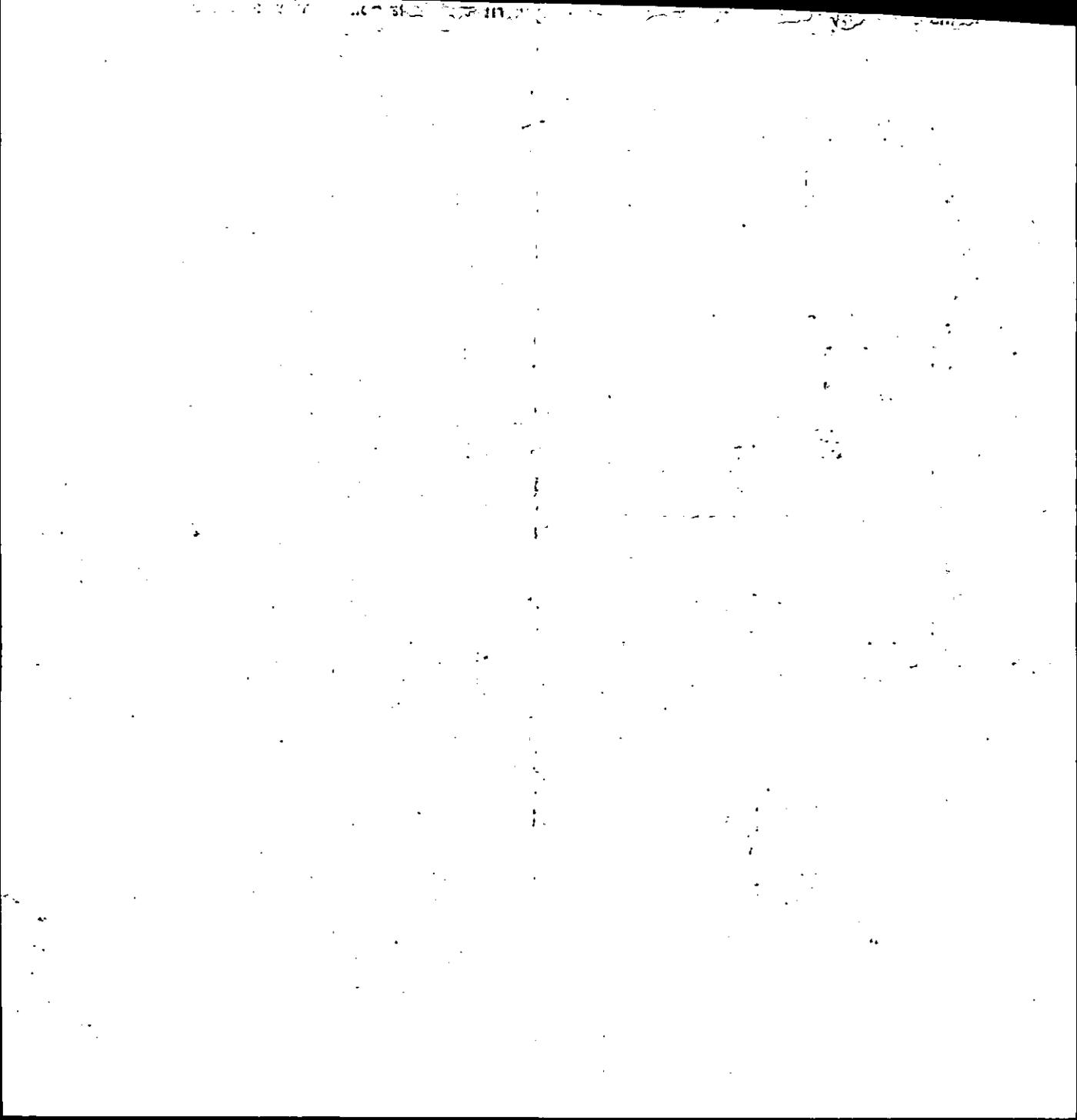
(Signed) L. R. Joeger, M. D.

12/4/1927 (Address) Fulton 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 Oak Chapel DATE OF BURIAL 12/15 1927

20. UNDERTAKER Herndon-Taylor ADDRESS Fulton Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Callaway  
Township .....  
City Fulton (No. ....)

Registration District No. 104  
Primary Registration District No. 3008

File No. ....  
Registered No. 245  
St. .... Ward)

**2. FULL NAME**

Henderson Moore

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

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

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 3/9/28 R. D. Greaves REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 19 27

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at.....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arteriosclerosis & atherosclerosis  
exacerbation resulting  
from an intracapsular  
fracture of femur

CONTRIBUTORY (SECONDARY) Senile dementia -  
lack of cooperation

18. WHERE WAS DEATH CONTRIBUTED accidentally fell on the floor  
while walking  
IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) 185 M. D.  
, 19 (Address)

\*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

20. UNDERTAKER ADDRESS

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

S-36169