

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

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1. PLACE OF DEATH

County Butler Registration District No. 89 File No. _____
Township Poplar Bluff Primary Registration District No. 5131 Registered No. 5
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

(Unnamed Infant of William and Ina Moore) Ray Moore

(a) Residence. No. North of Poplar Bluff Mo. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 2-1928

7. AGE YEARS MONTHS DAYS (if LESS than 1 day, _____ hrs. or _____ min.) 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) North of Poplar Bluff Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Moore

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

12. MAIDEN NAME OF MOTHER Ina Gossitt Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) near Poplar Bluff Mo.
(STATE OR COUNTRY)

14. INFORMANT Eric Robinson
(Address) 1419 Maud St. Poplar Bluff Mo.

15. FILED 2-6-28 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1928, to Jan 4, 1928, that I last saw him alive on Jan 4, 1928 and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
2. natural obstruction
max ilioacal valv.

122B 75902
(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED town
IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chemical
(Signed) H. L. Taylor, M. D.
76, 1928 (Address) Poplar Bluff Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Three Spring Cemetery DATE OF BURIAL 1/5 1928

20. UNDERTAKER W. Greer - Poplar Bluff Mo. ADDRESS _____

