

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

Do not use this space.

8837

1. PLACE OF DEATH

County Jackson
Township Tracy
City K.C. Mo. (No. 5812 Thompson)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 908
St. _____ Ward _____

2. FULL NAME

Trigg Edward Moore
(a) Residence No. 5812 Thompson 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

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

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

Nov-21-1927

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs or min.

3

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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)

(STATE OR COUNTRY)

K.C. Mo.

PARENTS

10. NAME OF FATHER

Thos. F. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Clyd Spencer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Thomas F. Moore
5812 Thompson

15.

FILED

3-5-28

M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March-5-28

17.

I HEREBY CERTIFY That I attended deceased from Feb 16 1928 to March 4 1928 that I last saw him alive on 3-5-28 1928, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

11A
Influenza (duration) 5 yrs. 6 mos. 6 da.

CONTRIBUTORY (SECONDARY)

11A
Influenza (duration) 5 yrs. 6 mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

3-5-28 (Address) 3827 E. 9

*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

Bethel Mo 3/6/28

20. UNDERTAKER

ADDRESS

Mrs. C. L. Forster K.C. Mo.

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.

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Argemone