

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

Do not use this space.

11839

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.

28 1928

1. PLACE OF DEATH
 County Sullivan Registration District No. 796 File No.
 Township Primary Registration District No. 3038 Registered No. 56
 City Marshall (No.) St. Ward

2. FULL NAME Ray 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>		
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 24 - 1905</u>				
7. AGE	YEARS <u>22</u>	MONTHS <u>6</u>	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mechanic</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Auto</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
PARENTS	10. NAME OF FATHER <u>J. E. Moore</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	12. MAIDEN NAME OF MOTHER <u>Marie M. Thomas</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
14. INFORMANT <u>J. E. Moore</u> (Address) <u>Marshall Mo</u>				
15. FILED <u>4-7 1928</u> <u>Mrs. John F. McQuire</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1928

17. I HEREBY CERTIFY That I attended deceased from 8-10 1928, to 3-13 1928, and that I last saw him alive on 3-13 1928, and that death occurred, on the date stated above, at 12:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11 Lobar Pneumonia
10X 11A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Dysentery
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? yes
 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Robert Kenney, M. D.
3-14 1928 (Address) Marshall 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 <u>Ridge Park Cem</u>	DATE OF BURIAL <u>Mar 14 1928</u>
20. UNDERTAKER <u>R. W. Campbell</u>	ADDRESS <u>Marshall</u>

