

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

Do not use this space.

33566/

**1. PLACE OF DEATH**

County Miller  
Township Baguella  
City Assate (No. ....)

Registration District No. 1174  
Primary Registration District No. 5756A

File No. 29  
Registered No. 23  
St. .... Ward)

**2. FULL NAME**

Douglas 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. 2 mos. 5 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)**

single

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

Not married

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

**7. AGE**

YEARS

MONTHS

DAYS

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

7 14

**8. OCCUPATION OF DECEASED**

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

none

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

none

(c) Name of employer

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

Oklahoma

**10. NAME OF FATHER**

Taylor Moore

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

Tulsa Okla

**12. MAIDEN NAME OF MOTHER**

Josie Davis

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

Mo.

**14. INFORMANT (Address)**

Taylor Moore

**15. FILED**

Moell 1930 Mrs. C. O. Jeffie REGISTRAR

2

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 15 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Oct 1<sup>st</sup> 1930, to Oct 15, 1930 that I last saw h. in alive on Oct 13, 1930, and that death occurred, on the date stated above, at 2:30 P.m.

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

acute fleocolitis

117 B  
158

(duration) yrs. 1 mos. 3 ds.

**CONTRIBUTORY (SECONDARY)**

Exhaustion

(duration) yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS

Pain, tenderness, flat.  
L. J. Paul M.D.

(Signed)

, 19 (Address)

Baguella, Mo.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Grove Springs

**DATE OF BURIAL**

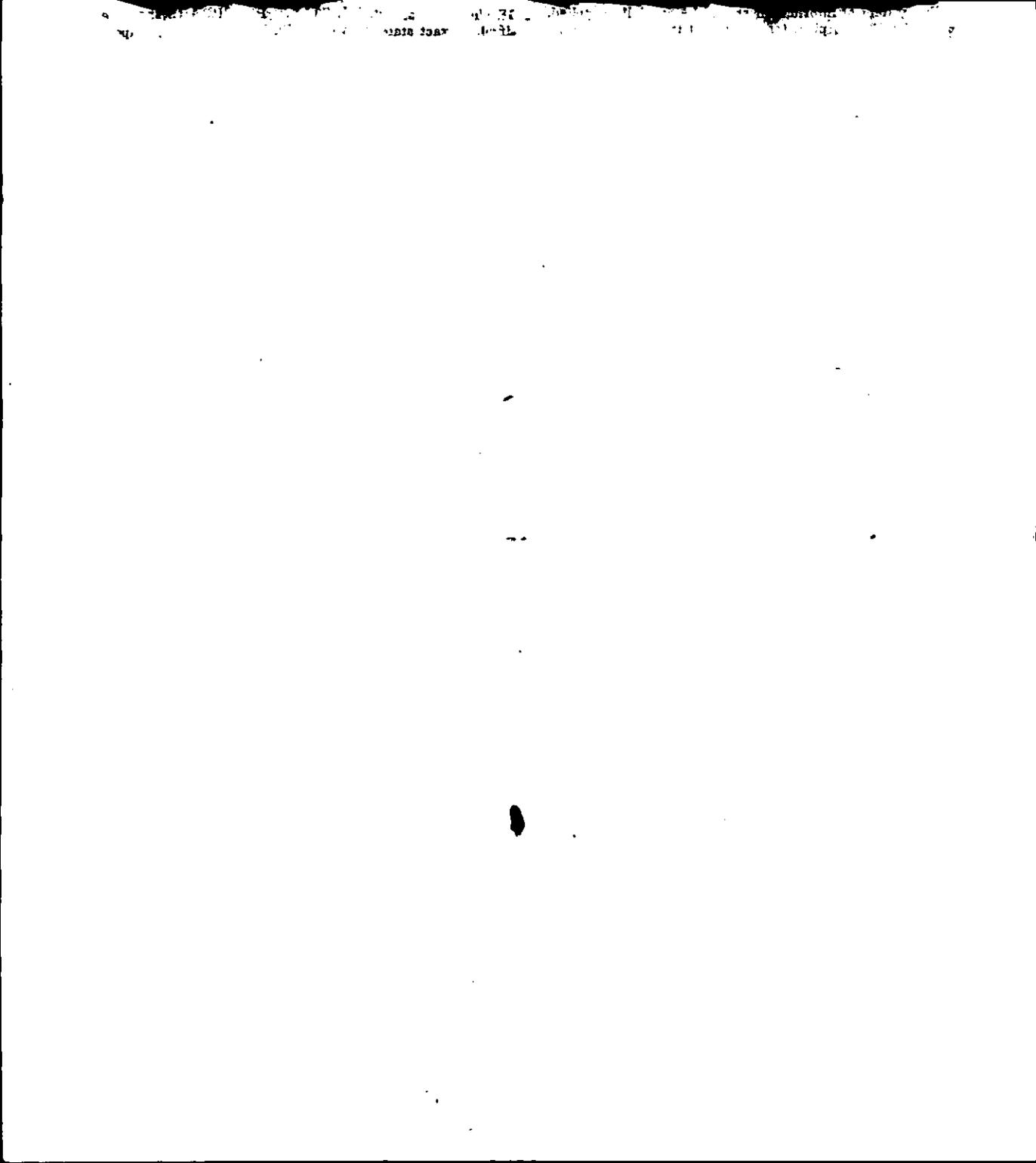
Oct. 17 1930

**20. UNDERTAKER**

**ADDRESS**

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.

DEC 22 1930



**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 Miller Registration District No. 1174 File No. ....  
Township Sagrell Primary Registration District No. 575-6a Registered No. 23  
City..... (No.....) St. .... Ward)

**2. FULL NAME**

Douglas 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) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1st 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
7 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration)..... yrs. .... mos. .... ds.  
(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 Dec 11, 1930 Mrs. C. O. Jeffries REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1930

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration)..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., 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

None ✓

N. B.—In every instance where the age should be stated, the age should be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED. ALL PRESCRIBED BY LAW

SUPPLEMENTARY

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