

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

Do not use this space.

23041-a

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City Louis D. Moore (No. 7) St. Ward)

File No.
 Registered No. 6487
 St. Ward)

2. FULL NAME

Louis D. Moore
 (a) Residence No. 3122 W. Page Blvd. St. 5 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 32
 or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ladysburg in Perry Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Vincent G. Moore

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

12. MAIDEN NAME OF MOTHER Susan M. Hayden

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

14. INFORMANT Miss Maud Moore
 (Address) 3122 W. Page Blvd.

15. FILED 1913 W. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11th 1913

17. I HEREBY CERTIFY that I attended deceased from April 17, 1913 to June 11, 1913 that I last saw him alive on June 10, 1913 and that death occurred, on the date stated above, at 8:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous nephritis
131
930 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no
 (Signed) O. J. Johnson, M. D.

June 11, 1913 (Address) 1537 Grand

*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 Mt. Hope Cemetery, Cassville, Mo. DATE OF BURIAL 13 1913

20. UNDERTAKER Bay Undertaking Co. Cassville Mo. 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.

