



17

**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 Andrew Registration District No. 9 File No. 13
 Township Benton Primary Registration District No. 5012a Registered No. 9
 City (No.) St. Ward)

2. FULL NAME David L. 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)
 7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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 Sept 6 31 J. W. Gamm REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 19 31

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Compound fracture of skull from auto falling over
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident 9/10
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED on #71 Highway
 IF NOT AT PLACE OF DEATH, about 1/2 mile south of

DID AN OPERATION PRECEDE DEATH, DATE OF OPERATION by Woodward Ho

WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS In Andrew Co
(City) 3 Miles West of, M. D.
 , 19 (Address) Benton 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 DATE OF BURIAL 19

20. UNDERTAKER ADDRESS

very item of information stated EXACTLY. PHYSICIAN. fact statement of OCCUPATION is ve. fully supplied. may be properly OF DEATH in plain terms.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-30433