

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

Do not use this space.

28912

**1. PLACE OF DEATH**

County Nunklin Registration District No. 289  
Township Independence Primary Registration District No. 4172  
City Kennett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

David Wright 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Kennett, Mo. (STATE OR COUNTRY) Mo.

13. NAME Billie Moore

14. BIRTHPLACE (CITY OR TOWN) Independence, Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) ?

17. INFORMANT Ed. Moore (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Sept 9

19. UNDERTAKER Baldwin Undertaking Co. (ADDRESS) Kennett, Mo.

20. FILED Sept 14, 1932 Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932, to Sept 8, 1932

I last saw him alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 237a m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary Date of onset 1929

ISA  
97 213

Other contributory causes of importance: arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) George L. Moore, D.D., M.D. (Address) Kennett, 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.

RECORD IS A PERMANENT RECORD

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