

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

Do not use this space.

40342

1. PLACE OF DEATH

51 County Johnson Registration District No. 431
6 Township Warrensburg Mo Primary Registration District No. 3022
7 City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME

Maurice Moore
(a) Residence, No. 421 Mc Goodburn St. 4 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 0 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>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Lowell Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-14-1908</u>		
7. AGE	YEARS	MONTHS
	<u>24</u>	<u>0</u>
		DAYS
		<u>6</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Musician</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>209</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Selma Alabama</u>	
	13. NAME	<u>B. W. Galsby</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Alabama</u>	
	15. MAIDEN NAME <u>Alice Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Alabama</u>	
17. INFORMANT (ADDRESS) <u>Lowell Moore Warrensburg, Mo.</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE <u>Sunset Hill</u> DATE <u>Dec 22</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney-Phillips Warrensburg Mo</u>		
20. FILED <u>Dec 21</u> 19 <u>32</u> <u>Wm K Walker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1932, to Dec 19 1932
I last saw him alive on Nov 17 1932 Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:
Influenza
Date of onset _____

Other contributory causes of importance: 1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____ (Signed) A. H. Parker M.D.
_____ (Address) Warrensburg 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.

JAN 24 1933

MAY 19 1953