

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

Do not use this space.

1. PLACE OF DEATH

14 County Callaway
Township Fulton
City X (No. _____)

Registration District No. 104
Primary Registration District No. 5153

File No. 15885
Registered No. 103 St. _____ Ward _____

2. FULL NAME

(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.

Infant of William M. Moore

PERSONAL AND STATISTICAL PARTICULARS

3. SEX X 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min. ✓ ✓ ✓ 4

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

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) (STATE OR COUNTRY) Missouri

13. NAME Wm. M. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lillie E. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Wm. M. Moore (ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burdett Cemetery DATE May 18, 1933

19. UNDERTAKER Geo. J. Wallace (ADDRESS) Fulton, Mo

20. FILED May 18, 1933 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to May 17, 1933

I last saw him alive on May 17, 1933 Death is said to have occurred on the date stated above, at 2 P. m.

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

Failure of Sperm Ovals to Date of onset _____
Place
157c 157c

Other contributory causes of importance: _____

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? _____

If so, specify _____ (Signed) A. D. Jackson M. D. (Address) Fulton, 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.

WITH OPAIDING INK—THIS IS A PERMANENT RECORD

JUN 20 1933

