

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Jackson
City Auxvasse (No.)

Registration District No. 102
Primary Registration District No. 7062

File No. 15934
Registered No. 333
St. Ward)

2. FULL NAME Clifford Robinson Moore

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 15, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	22	2	22	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Toledo, Missouri
(STATE OR COUNTRY) Callaway County

10. NAME OF FATHER L. C. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Big Springs Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Della D. Kemp

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

14. INFORMANT L. C. Moore
(Address) Auxvasse, Missouri

15. FILED May 8, 1934 H. G. Thomas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7th, 1934

17. I HEREBY CERTIFY, That I attended deceased from decease around the, 1910, to 1934, 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 3:30 P. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
strangulation, suicide

CONTRIBUTORY (SECONDARY) no
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED his home
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 7
(Signed) Ch. Christian, M. D.
Coroner of Callaway Co., Mo.
, 19 (Address) 7 W. 8th 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 Unity Cemetery DATE OF BURIAL May 8, 1934

20. UNDERTAKER Hughes Mausier Auxvasse, Mo.
ADDRESS

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.

JUN 20 1934

PARENTS

