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

OCT 23 1936

Do not use this space.

34770

File No.
Registered No.

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411
Township: Sheldon — Primary Registration District No.: 7002
City: Joplin (No. N.W. of Joplin St. Ward)

2. FULL NAME: Luther W. Moore 55 y
(a) Residence, No. R.R. 1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): no record about 1886

7. AGE: About 50 — YEARS: — MONTHS: ✓ — DAYS: ✓ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Records not available

FATHER
13. NAME: No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): C. F. Wright 527 W 4th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tarkio DATE: 9-17, 1936

19. UNDERTAKER (ADDRESS): Neuhart Undt Co Joplin Mo

20. FILED: 9-19, 1936 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1936 to Sept 16, 1936, I last saw him alive on Sept 16, 1936. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide 12 gu	
Shotgun through head	

Other contributory causes of importance: Demented

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? Suicide Date of injury: 9-16, 1936
Where did injury occur? Suicide Hy. 71 & Galena (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury: 12 ga shotgun
Nature of injury: Killed instantly

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Morgan, M. D.
(Address) Carthage

U. S. NO. 2
20M-2-19-36
1 X7294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.