

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City City Hosp. #2 (No. City Hospital #2)

Registration District No. 791
Primary Registration District No. 1008

File No. 10169
Registered No. 2733
St. Ward)

2. FULL NAME

Malcolm Moore

(a) Residence, No. 3119 Brantner Place, 21 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 43 11

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

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

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) Columbus, Ky.

13. NAME Samuel Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ky.

15. MAIDEN NAME Lucinda Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ky.

17. INFORMANT (ADDRESS) Core Hill Moore
2720 1/2 Walnut Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravard DATE 3/13 1937

19. UNDERTAKER (ADDRESS) Pinkie L. Toney
3129 Lucas Avenue

20. FILED MAR 10 1937 J. P. Medical Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at 10:15 m.

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

Restoration
following gunshot wound
of abdomen self-inflicted
Other contributory causes of importance:
at residence
suicide

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 3/3 1937

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

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

Manner of injury Gunshot wound of abdomen (self-inflicted)
Nature of injury Gunshot wound of abdomen

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

(Signed) Alfred P. Perry, M.D.
(Address) Deputy Coroner

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.

977
9333

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287