AUG - 5 1937

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

Do not use this space.

25793

File No. 6967

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Missouri-Pacific Hospital St. Ward)

Registration District No. Supl. 791

Primary Registration District No. 1003

2. FULL NAME Hilliard Moore

(a) Residence, No. St., N. R. Ward. Poplar Bluff, Mo.
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10th, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
28	44	6	12	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo-Pac. RR

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) Arkansas

FATHER

13. NAME Walter Moore

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

MOTHER

15. MAIDEN NAME Marguerite Brewer

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

17. INFORMANT Mrs Hilliard Moore
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff, Mo. DATE July 24th, 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED JUL 22 1937, 19... J. E. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 1937, to 7-22-37, 1937

I last saw h. alive on 7-7-37, 1937. Death is said to have occurred on the date stated above, at 4:00 A. m.

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

	Date of onset
Tuberculous meningitis	7-6-37
Other contributory causes of importance:	
Pulmonary T.B.	?

Name of operation Date of

What test confirmed diagnosis? X-ray 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) R. H. McSlay, M. D.

(Address) Mo Pac Hospital

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.

OCT 30 1948