Dr Yancey.

AUG 23 1937

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

Do not use this space.

27255

1. PLACE OF DEATH

39 County Green — Registration District No. 318 — File No. 610

3 Township Campbell — Primary Registration District No. 2001 — Registered No.

5 City Springfield (No. Springfield Baptist Hospital St. ..... Ward)

2. FULL NAME Charley E. Moore

(a) Residence, No. ..... St., ... Ward. Republic 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rachel Ross Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 29 1881

7. AGE: 56 YEARS — MONTHS: 6 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Aldrich, Dade Co

FATHER
13. NAME: Geo W Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Eliza Jane Headlee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield

17. INFORMANT (ADDRESS): Rachel Ross Moore, Republic Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Routh Chapel DATE: July 30, 1937

19. UNDERTAKER (ADDRESS): A S Wallace, Billings Mo.

20. FILED: July 29, 1937 Chas A George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Todesk 7/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to July 29, 1937

I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 7:20 A.m.

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

	Date of onset
Fractures of 12 Dorsal + 1st Lumbar vertebrae with complete severance of cord crushing injury to chest with fractures of 7-10 + 11th left ribs	July 10 1937

Other contributory causes of importance:

Pyelitis	July 15
Myocarditis	July 20

210 M

Name of operation: None — 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? — Date of injury: July 10, 1937

Where did injury occur? Highway near Republic Mo (Specify city or town, county, and State)

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

Manner of injury: Truck wheel ran over

Nature of injury: chest and abdomen

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Daniel L Yancey, M. D.

(Address) 500 Holland Bldg

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.

100M-11-24-33