

AUG 30 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County RallsRegistration District No. 725

Township

Primary Registration District No. 4431City Center

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME William Arnold Moore

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. Vandalia Mo.

(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

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFGrace Moore6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1, 1903

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.33813

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Lineman9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.Mo. Light & Power Co.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)

Glenwood  
Missouri

## 13. NAME

Elmer Moore

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Schuyler Court  
Missouri

## 15. MAIDEN NAME

Lepha Walters

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

## 17. INFORMANT

(ADDRESS)

Mrs Grace Moore  
5049 E. 1st Vandalia, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Glenwood Mo.

DATE

July 16, 1937

## 19. UNDERTAKER

(ADDRESS)

Don M. Smith  
923 1/2 S. Hwy. Hannibal, Mo.

## 20. FILED

July 20, 1937

by

J. T. Howard

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 14, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 4:45 p.m.

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

unavoidable accident  
Caused by coming in contact  
with a live wire of the  
Mo. Power & Light Co. by which  
he was employed.

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 7/14/37Where did injury occur? Center Mo. Ralls County

(Specify city or town, county, and State)

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

Manner of injury public placeNature of injury 424. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) Clay C. Wilkey Crowe, M. D.(Address) Perry Mo. Ralls Co.

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.

