

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

Do not use this space.

1091 171938

44091

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson City (No. W. C. Chen Report)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4994
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2437 Indian St. Ward _____
(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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1900

7. AGE YEARS MONTHS DAYS 37 2 29 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo

13. NAME John Moore

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

15. MAIDEN NAME Maie Denton

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

17. INFORMANT Dr. C. E. Berger (ADDRESS) Richmond, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo 12-13-13

19. UNDERTAKER Gerrall-Dawson (ADDRESS) 227 E. Front

20. FILED Dec 12 1913 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11/13 1913

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above _____ m.

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

Shot wound of the
left
occipital
bone
184

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 12-11-13

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

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

Manner of injury Struck by train
Nature of injury _____

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

(Signed) C. E. Berger _____, M. D.
(Address) Richmond

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.

