

REC'D MAY 24 1939

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

16420
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne, Registration District No. 890
(b) Township St. Francis, Primary Registration District No. 6188
(c) City Greenville Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter William Moore.

(a) Residence, No. _____ St. Bernie Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Lucy Moore
(Spouse's name) Lucy Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Shannon County,
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Nute Moore.

14. BIRTHPLACE (CITY OR TOWN) Cumberland Co.,
(STATE OR COUNTRY) Kentucky.

MOTHER 15. MAIDEN NAME Bell Hatdridge,

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

17. INFORMANT Raymond Moore.
(ADDRESS) Hiram Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alwood Cemetary. DATE 4-9-1939.

19. FUNERAL DIRECTOR (NAME) Croy Funeral Service
(ADDRESS) Greenville Mo.

20. FILED Apr 17, 1939 Mabel Beasley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from

1939, to 1939,
I last saw h. _____ alive on No Doctor, 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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

Skull fracture, broken leg
internal injuries
Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Inquest 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 _____, 1939

Where did injury occur? Public Highway

(Specify city or town, county, and State)

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

Near Greenville, Mo. Wayne, Co

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Clinton Wilson, M. D.

(Address) Coroner of Wayne County

9777

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.

210m
98

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul Hackney

Licensed Embalmer No.....

3598

P. O. Address.....

Greenville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF PROFESSIONAL REGULATION

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Wayne Registration District No. 890
(b) Township St. Francis Primary Registration District No. 6188
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No.

2. PRINT FULL NAME Walter William Moore

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>48</u>	<u>2</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1939

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

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

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

Skull fracture, Broken
Internal injuries
Non collision pedestrian
Date of onset 4/8/39

Name of operation 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....., 19.....
Where did injury occur? Greenleaf, Missouri
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury WV. Miss. struck in front of car
Nature of injury on highway #67

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

(Signed) Clinton Wilson Case
(Address) Wayne Co. Piedmont Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

