

REC'D NOV 14 1939

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

Do not use this space.

36454

File No. _____
Registered No. 871
St. _____ Ward)

1. PLACE OF DEATH

50 County Jefferson
Township Waller
City _____ No. _____

Registration District No. 421
Primary Registration District No. 5576

2. FULL NAME Lester J. Moore

(a) Residence, No. 128 W. Fulton St. St. _____ Ward. _____
(Usual place of abode) Jefferson, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1918
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 21 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction work
10. Date deceased last worked at this occupation (month and year) Oct. 23, 1939 11. Total time (years) spent in this occupation. 3 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Missouri

13. NAME Charles W. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

15. MAIDEN NAME Marie Hillgartner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Charles W. Moore, Jeffers, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DeSoto, Mo. DATE Oct. 25, 39

19. UNDERTAKER (ADDRESS) J. E. Rutledge, Crystal City, Mo.

20. FILED Oct. 24, 1939 J. E. Rutledge, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1939
22. I HEREBY CERTIFY, That I attended deceased ~~man~~ by holding inquest on Oct. 23rd, 1939
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Killed when two trucks ran together head on. The deceased being the driver of one of the trucks.
Jury returned verdict of "Unavoidable accident"
Other contributory causes of importance.

Name of operation _____ Date of Oct 23, 1939
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 Oct 23, 1939
Where did injury occur? On Kings Road Jefferson County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in Public Place
Manner of injury in wreck between two trucks
Nature of injury fractured skull and loss of blood

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Truck driver
(Signed) Frank D. Frazer, Coroner
(Address) Jeffers, Mo.

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.

