

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

Do not use this space.

32614

**1. PLACE OF DEATH**

County Andrew Registration District No. 16  
 Township Rockwell Primary Registration District No. 5720  
 City Rockwell (No. ....) St. .... Ward)

File No. 13  
 Registered No. 13

**2. FULL NAME**

(a) Residence. No. Rockwell St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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 Alice Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-12-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70 9 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Fireman  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

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

10. NAME OF FATHER David Howell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rhodell Roper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Mary Howell  
 (Address) 2634 Carson St. Rockwell

15. FILED Nov 10, 1927 Mrs. Alta Boggess REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9-1927

17. Did not see I HEREBY CERTIFY That I attended deceased from ..... 19..... to her alive ..... 19..... and that that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at 6:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Crushed chest on right side

CONTRIBUTORY Automobile accident (SECONDARY) (duration) ..... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Dr. Paullette M. D. Deputy Coroner

\*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL King City Ch. DATE OF BURIAL 11-11-1927

20. UNDERTAKER R. H. Taggart ADDRESS Rockwell

PARENTS

100

100

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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Andrew Registration District No. 16 File No. \_\_\_\_\_  
 Township Rockester Primary Registration District No. 5-8-20 Registered No. 13  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Word \_\_\_\_\_

2. FULL NAME

William Moore

(a) Residence. No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
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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.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

14.

INFORMANT \_\_\_\_\_  
 (Address)

15.

FILED Nov 16 19 27 Mrs. Bettie Boggs  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9 19 27

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

crushed chest on right side

CONTRIBUTORY (SECONDARY) Automobile accident on Jefferson Highway about 3 mi. N.W. of Helena Mo.  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

, 19 \_\_\_\_\_ (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

19

SUPPLEMENTARY

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

S-32614