

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

Do not use this space.

5994

30-2-24  
11-2-17  
8 1930-17  
1930

**1. PLACE OF DEATH**

County Pike Registration District No. 689  
Township \_\_\_\_\_ Primary Registration District No. 3023  
City Louisiana (No. 319) Griffin St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lucy Luella Moore

(a) Residence No. 319 Griffin 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-7-1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
19 0 7

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Calvin Moore

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

12. MAIDEN NAME OF MOTHER Reita Richards

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

14. INFORMANT Mrs Calvin Moore (Address) Louisiana Mo

15. FILED 2/25 30 1930 J. C. Haery Jr REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from November, 1929, to Feb 24, 1930 that I last saw h. e. alive on Feb 24, 1930, and that death occurred, on the date stated above, at 10:15 P.M.

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

23 1/2 Tuberculosis, Pulm.  
25  
12 1/2 B (duration) yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Intestinal T.B. & faecal impaction (duration) yrs. 1 mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Robert L. Anderson, M. D.  
2/25 1930 (Address) Louisiana, Mo.

\*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 Payneville Mo DATE OF BURIAL 2/26 1930

20. UNDERTAKER J. C. Haery Jr ADDRESS Louisiana Mo

