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

Do not use this space.

43032

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1. PLACE OF DEATH

County Wayne — Registration District No. 892 — File No.

Township Black River — Primary Registration District No. 6184 — Registered No. 25

City ~~Taskee~~ (No. , St. Ward)

2. FULL NAME Raymond Moore

(a) Residence, No. Ojibway, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	31	1	20	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Wayne County Missouri

FATHER

13. NAME Bob Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri

MOTHER

15. MAIDEN NAME Milinda Chatman

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

17. INFORMANT (ADDRESS) Bob Moore Ojibway, Missouri

18. BURIAL ~~[illegible]~~ PLACE Rucker Cemetery DATE Dec. 17, 1932

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Missouri

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to Dec 7, 1932

I last saw him alive on Dec 7, 1932 Death is said to have occurred on the date stated above, at 5:00 A. M.

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

Hemiplegia

Date of onset

Other contributory causes of importance:

Hemarrhage

Name of operation No 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? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) H. L. Brandon M. D.

(Address) Poplar Bluff, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD