

1051 OCT 18 1939

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

31632
Do not use this space.

Registered No. 3730

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Blue Primary Registration District No. 1002

(c) City Leeds (d) Street No. Leeds Hospital Registered No. 3730 St.

(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.

2. PRINT FULL NAME 653 Moore Wesley

(a) Residence, No. 1604 E. 22nd Street 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 male

4. COLOR OR RACE colored

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) Feb-17-1912

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

27 7 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21 1939

22. I HEREBY CERTIFY, That attended deceased from Aug. 4, 1938, to Sept. 21, 1939

I last saw him alive on Sept. 21, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Pulmonary Tuberculosis, Left Acute Tuberculosis Bronchitis

Date of onset 9-78-39

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER

13. NAME Moore Sid

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

MOTHER

15. MAIDEN NAME Dumas Maude

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

17. INFORMANT K. C. T. B. Hospital (ADDRESS) K. 6. Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Blue Ridge DATE Sept 25 1939

19. FUNERAL DIRECTOR IRVING W. Brady (ADDRESS) 1513 Troost

20. FILED Sept 25 1939 M. M. Brown Local Registrar.

Name of operation none Date of

What test confirmed diagnosis? Yang's Sputum Where an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

(If so, specify)

Signature [Signature] Address [Address]

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Edw J Evans

Licensed Embalmer No.

7876

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.)