

IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.

**TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH**

36467  
REGISTRAR'S NO. 50

1. PLACE OF DEATH  
STATE OF TEXAS  
COUNTY OF Dallas  
CITY OR PRECINCT NO. 5 NO. \_\_\_\_\_ STREET \_\_\_\_\_  
IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED 4 YEARS MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_  
HOW LONG IN U. S. IF FOREIGN BORN? \_\_\_\_\_ YEARS MONTHS \_\_\_\_\_ DAYS

2. FULL NAME OF DECEASED Eugene Moore  
RESIDENCE OF THE DECEASED NO. 722 STREET \_\_\_\_\_ CITY Lawcaster STATE Tex

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL PARTICULARS	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE <u>Married</u>	MARRIED WIDOWED DIVORCED (WRITE THE WORD)	21. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Aug 30</u> 193 <u>8</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah E. King</u>				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Aug 15</u> 193 <u>8</u> TO <u>Aug 30</u> 193 <u>8</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 11<sup>th</sup> 1885</u>				I LAST SAW HIM ALIVE ON <u>Aug 28</u> 193 <u>8</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2:30 A.M.</u> THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Encephalitis</u>	
7. AGE <u>52</u> YEARS <u>9</u> MONTHS <u>20</u> DAYS OR _____ IF LESS THAN 1 DAY, _____ HRS. _____ MIN.				DATE OF ONSET <u>Aug 28-38</u>	
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>			OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:	
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>15 years Cotton farmer</u>				
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>1937</u>				
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>15 yr</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>					
FATHER	13. NAME <u>Mose Moore</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
MOTHER	15. MAIDEN NAME <u>Phoebe Pace</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>				
17. INFORMANT <u>Eugene Moore</u> (Address) <u>Lawcaster Tex</u>					
18. BURIAL PLACE <u>Lawcaster Cem.</u> DATE <u>Sept 1<sup>st</sup></u> 193 <u>8</u>					
19. UNDERTAKER <u>W B Hask</u> (Address) <u>Lawcaster Tex</u>					
20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR <u>10/4</u> 193 <u>8</u> <u>J C Havors</u> (FILE DATE) (SIGNATURE)					
NAME OF OPERATION _____ DATE OF _____					
WHAT TEST CONFIRMED DIAGNOSIS <u>Physical</u> WAS THERE AN AUTOPSY? <u>no</u>					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE _____ DATE OF INJURY _____, 193 <u>8</u> 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? <u>no</u>					
IF SO, SPECIFY _____					
(SIGNED) <u>S N Parks MD</u> M. D.					
(ADDRESS) <u>Lawcaster Tex</u>					

