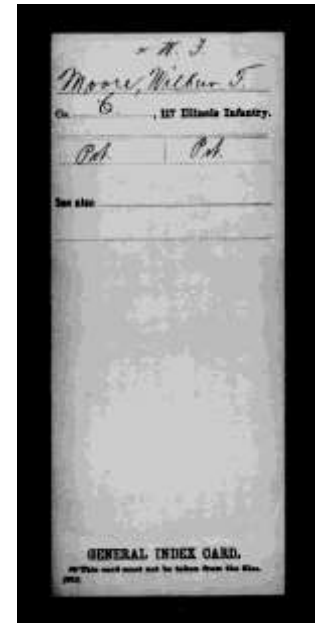


Wilbur Fiske Moore – Company C, 117th Illinois Infantry, U.S.A.

Name	Rank	Unit	Action
Wilbur Fiske Moore	Private	Co C, 117 th Illinois Infantry	Nashville, TN 16 Dec 1864
Birth/ Location	Death/ Location	Cemetery/ Location	MoH Marker Present
May 1842 Lebanon, St. Clair, IL	9 Dec 1924 Kansas City, Jackson, MO	Forest Hill Cemetery Kansas City, Jackson, MO	YES

Citation

Captured the flag of a rebel battery while far in advance of Union lines.





Corporal Wilber Moore

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

34619

1. PLACE OF DEATH

County.....Jackson
 Township.....Russ
 City.....Kansas City

Registration District No. 289
 Primary Registration District No. 1000
 (No. 4320 E. 27th St.)

File No. 4516
 Registered No. 4516
 St. _____ Word _____

2. FULL NAME Wilber E. Moore

(a) Residence, No. 4320 E. 27th 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emily C. Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 6 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(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) not known

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

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

14.

INFORMANT Dr. W. E. Cary
 (Address) #320 E. 27th St.

15.

FILED 12/11/24 M. M. Cramer
 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1924

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1924, to Dec 9, 1924, that I last saw him alive on Dec 9, 1924, and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, lobar, right

(duration) _____ yrs. mos. ds. 9 20
 CONTRIBUTORY Melanoma - Sarcoma of
 (SECONDARY) Choroid
 (duration) _____ yrs. mos. ds. 10 00 00

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? Physical examination

(Signed) Walter E. Cary, M. D.
12/10, 1924 (Address) 4320 E. 27th - Kansas City, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL 12-11-1924

20. UNDERTAKER Stine + McClure Co ADDRESS 924 Oak

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.

**Illinois Civil War Muster and
Descriptive Rolls Detail Report
Illinois State Archives**

Search Criteria: **Moore, W**

Name
MOORE, WILBER F
Rank
PVT
Company
C
Unit
117 IL US INF

G F LOWE
Period
3 YRS
Muster In
SEP 19, 1862
Muster In Where
CAMP BUTLER, IL
Muster In By Whom
Muster Out
AUG 5, 1865
Muster Out Where
SPRINGFIELD, IL
Muster Out By Whom
CPT HALL
Remarks

Personal Characteristics

Residence
LEBANON, ST CLAIR CO, IL
Age
21
Height
5' 5
Hair
BROWN
Eyes
GRAY
Complexion
DARK
Marital Status
SINGLE
Occupation
FARMER
Nativity
LEBANON, ST CLAIR CO, IL

Service Record

Joined When
AUG 13, 1862
Joined Where
SUMMERFIELD, IL
Joined By Whom