

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

1 PLACE OF DEATH
Lincoln
County.....
Township **Hurricane**
or
Village.....
or
City..... (NO..... St..... Ward)

Registration District No. **486** File No. **17503**
Primary Registration District No. **5679** Registered No. **16**

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME **Cathrine Moore**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **female** 4 COLOR OR RACE **black** 5 SINGLE MARRIED WIDOWED OR DIVORCED **single**
(Write the word)

6 DATE OF BIRTH **Nov. 30 1916**
(Month) (Day) (Year)

7 AGE **5 6 26** If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) **Lincoln Co. Mo.**

PARENTS
10 NAME OF FATHER **Carter Moore**
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) **Lincoln Co. Mo.**
12 MAIDEN NAME OF MOTHER **Minnie James**
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) **Lincoln Co. Mo.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Gene Irving**
(Address) **Elsberry, Mo.**

15 Filed **May 29 1919** **C. E. Powell**
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **May 24 1919**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from **April 9** to **May 24 9**, 1919, that I last saw her alive on **May 17 9**, 1919, and that death occurred, on the date stated above, at **8 A.M.**

The CAUSE OF DEATH* was as follows: **Pulmonary Tuberculosis following Pneumonia and Flu**

(Duration) **2 13 23 2** yrs. mos. da.

CONTRIBUTORY **Flu and Pneumonia**
(Secondary) (Duration) **2** yrs. mos. da.

(Signed) **F. V. Keeling** M. D.
May 24 1919 (Address) **Elsberry, Mo.**

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death **2 13 23 2** yrs. mos. da. In the State **2** yrs. mos. da.

Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL **Pleasant Hill** DATE OF BURIAL **May 26 1919**

20 UNDERTAKER **M. C. Britt** ADDRESS **Elsberry**

MARGIN RESERVED FOR BIN JING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

V. No. 1

