

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

Do not use this space.

2020

FEB 19 1930

**1. PLACE OF DEATH**

County Morgan  
Township Mill Creek  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 971  
Primary Registration District No. 5797e

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Charlotte E. Moore

(a) Residence. No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-27-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 2 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife  
(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) Missouri

10. NAME OF FATHER Chas. Chestman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Whitehead

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

14. INFORMANT Ernest Moore  
(Address) Superior Ave

15. FILED 1/21/30 J. L. Laidley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18-1930

17. I HEREBY CERTIFY, That I attended deceased from 1:15 to 1:15, 1930, that I last saw her... alive on Jan 18, 1930, and that death occurred, on the date stated above, at 9:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cholerae & enterocolitis of age  
11/3  
162 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 11/3 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

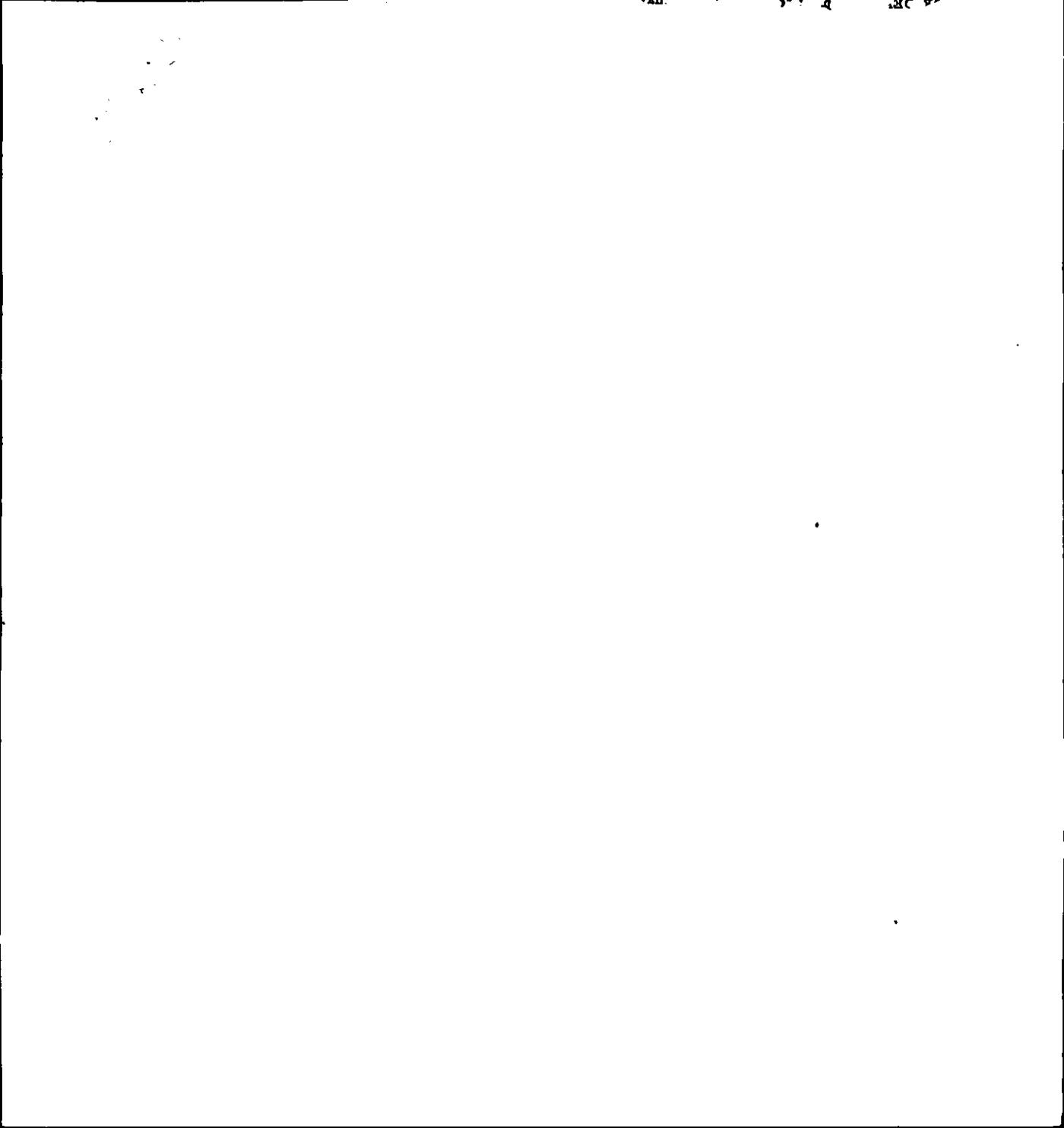
8. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) \_\_\_\_\_, M. D.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL not known DATE OF BURIAL 1-19-1930  
Morgan Co.

20. UNDERTAKER J. E. Richards ADDRESS Lepton  
#2466

69-1-21



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Morgan Registration District No. 941 File No. ....  
Township mill creek Primary Registration District No. 3797c Registered No. 3  
City (No. ....) St. .... Ward)

**2. FULL NAME** Phonette E. Moore

(a) Residence No. .... 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1930

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

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
(that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-27-1860

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 1 21

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.  
.....  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.  
.....

**8. OCCUPATION OF DECEASED**

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH?.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. D. Drake M.D.  
19 (Address) Sydney, Mo.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

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

\*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
W. L. Lamm 1/19 1930

15. FILED 1/21 1930 O. C. Lundy REGISTRAR

20. UNDERTAKER ADDRESS  
Howell Richard Joplin, Mo.

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
CAUSE OF DEATH IN P. 11. TERMS, 80. THAT IT MAY BE PROPERLY

5-2020