

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

Do not use this space.

5913

1. PLACE OF DEATH

County Camden
Township Virginia
City Beaumont (No.)

Registration District No. 655
Primary Registration District No. 5872

File No.
Registered No.
St. Ward)

2. FULL NAME

Charline Moore
(a) Residence. No. Charline Moore St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. 22 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 (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-22-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 22

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Haleton Mo
12. MAIDEN NAME OF MOTHER Eda M. Pierce
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cooter Mo

14. INFORMANT John Moore
(Address) Stueb mo

15. FILED 3/10/30 Max J. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 2 days 19....., to..... 19..... that I last saw him alive on 2-11-1930, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Poof an hemorrhoidal child + whooping cough
158 L.S.P. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 30 ds.

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?

(Signed) J. R. McDaniel M. D.
, 19..... (Address)

*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 Columbian cemetery DATE OF BURIAL 2-14-1930

20. UNDERTAKER Gessman and Co ADDRESS Stueb mo

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.

WRITE PLAINLY, WITH OUTFADING INK—THIS IS A PERMANENT RECORD

MAR 28 1930

