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.

JUN 27 1932

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

Do not use this space.

21688

1. PLACE OF DEATH
10 3 County Stoddard
Township Liberty
3 City Bernie Mo (No. ..... St. ..... Ward)
3

Registration District No. 836
Primary Registration District No. ~~6098~~ 4507

File No. 29
Registered No. 29

2. FULL NAME Mattie Evelin 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1877.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

FATHER

13. NAME Lavander Nicholes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER

15. MAIDEN NAME Mattie E Nichols
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) J A Nicholes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie Mo DATE 6-3 1932

19. UNDERTAKER (ADDRESS) B M Hopkins Bernie Mo

20. FILED June 10 1932 Florence Allen Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-20- 1932 to 6-2- 1932
I last saw her alive on 6-2- 1932 Death is said to have occurred on the date stated above, at 12 a.m. 6-2-32
The principal cause of death and related causes of importance were as follows;

Paralysis following intra-cranial hemorrhage
131
82A
131

Date of onset

Other contributory causes of importance:
Cardio-vascular renal disease
①

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
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? No
If so, specify .....
(Signed) Frank LaRue, M. D.
(Address) Dexter Mo