

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

Do not use this space.

20
12873

1. PLACE OF DEATH

County Waplesville Registration District No. 286
 Township Sub Primary Registration District No. 4172
 City Kennett (No., St., Ward)

2. FULL NAME

James C. 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 <u>M</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-27-1933</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>4</u>
If LESS than 1 day, hrs. or min.		

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

12. BIRTHPLACE (CITY OR TOWN) Kennett
 (STATE OR COUNTRY) Mo

13. NAME James C. Moore

14. BIRTHPLACE (CITY OR TOWN) Natchez
 (STATE OR COUNTRY) Miss.

15. MAIDEN NAME Cora Lee Forrest

16. BIRTHPLACE (CITY OR TOWN) Shelby
 (STATE OR COUNTRY) Miss.

17. INFORMANT James C. Moore
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Ridge DATE 4-4 1933

19. UNDERTAKER Bud Wren
 (ADDRESS) Thrup 20

20. FILED April 11 1933 Muller Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-3 1933

22. I HEREBY CERTIFY, That I attended deceased from April 3 1933, to April 3 1933.
 I last saw him alive on April 3 1933. Death is said to have occurred on the date stated above, at 11:58 P. m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Total
(Double)
108 108
 Other contributory causes of importance:

Date of onset
mo
27

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify

(Signed) George J. Gilmore M. D.
 (Address) Kennett Mo

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.

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