

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 20 1933

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

Do not use this space.

1. PLACE OF DEATH
 12 County B. Butler Registration District No. 89
 2 Township _____ Primary Registration District No. 8007
 7 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME JENNIE H. MOORE
 (a) Residence, No. 451 LESTER St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 15841
 Registered No. 78

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 25-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>81</u>	<u>5</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KREESEVILLE N.Y.

MOTHER FATHER

13. NAME THOS. S. HARVEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME SARAH JANE ROGERS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT ALMARINE MOORE (ADDRESS) POPLAR BLUFF MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE CITY DATE 5-6 1933

19. UNDERTAKER FRANK UND-CO (ADDRESS) POPLAR BLUFF

20. FILED MAY 10 1933 B. J. Camp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to May 5 1933
 I last saw h. alive on May 5 1933. Death is said to have occurred on the date stated above, at 2:20 p. m.
 The principal cause of death and related causes of importance were as follows:
secreted tumor
540 Benign
 Other contributory causes of importance: 5410

Name of operation none 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) Alfred A. R. Camp, M. D.
 (Address) Poplar Bluff Mo

