CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

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

Do not use this space.

27119

1. PLACE OF DEATH
County New Madrid — Registration District No. 55 — File No. 10
Township Anderson — Primary Registration District No. 4033 — Registered No. 1063
City Gideon (No. ..... St. ..... Ward)

2. FULL NAME Harold William Moore
(a) Residence, No. RFD #2 Clarkton, Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1930

7. AGE: 2 YEARS 10 MONTHS 29 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — child.
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) Same as above

FATHER
13. NAME Oscar William Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mauldin Mo.

MOTHER
15. MAIDEN NAME Myrtle May Meeks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

17. INFORMANT (ADDRESS) Oscar Moore Clarkton Mo 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kennett DATE 8-18 1933

19. UNDERTAKER (ADDRESS) R. B. Meeulemeyer Gideon Mo

20. FILED Oct 10 1933 M. D. Munnon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-16-1933, 19, to 8-17-33, 19
I last saw him alive on 8-17-33, 19 Death is said to have occurred on the date stated above, at 3:10 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
malarial fever	

Other contributory causes of importance:

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) Frank Jones, M. D.
(Address) Gideon Mo.