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

Do not use this space.

1833

FEB 27 1934

1. PLACE OF DEATH
County Miss.
Township
City East Prairie (No. , St. Ward)

Registration District No. 67
Primary Registration District No. 4334

File No.
Registered No. 4

2. FULL NAME Pearl I Moore
(a) Residence, No. R.R. R 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. A. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6-1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Pemiscott County Mo.

FATHER
13. NAME Dal Mickey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemiscott County Mo.

MOTHER
15. MAIDEN NAME Martha Luster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemiscott County Mo.

17. INFORMANT Husband - W. A. Moore
(ADDRESS) East Prairie, Mo. R2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE 1-10 1934

19. UNDERTAKER Charleston Funr. Und. Co.
(ADDRESS) Charleston Mo.

20. FILED Jany 10 1934 L M Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH 9:45-A

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1934

22. I HEREBY CERTIFY That I attended deceased from January 8 1934 to January 9 1934
I last saw her alive on January 8 1934 Death is said to have occurred on the date stated above at 9:45 A m.
The principal cause of death and related causes of importance were as follows:

Gall-bladder Infection — Date of onset Jan 8-1934
11B
273

Other contributory causes of importance:
Influenza

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) Geo W Whitaker, M. D.
(Address) East Prairie Mo

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