

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.

DEC 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38777

1. PLACE OF DEATH

County Carter
 Township Johnson
 City _____ (No. _____)

Registration District No. 145
 Primary Registration District No. 5208

File No. 19
 Registered No. 121
 St. _____ Ward _____

2. FULL NAME Bethel B. 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>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1896</u>		
7. AGE <u>38</u>	YEARS <u>5</u>	MONTHS <u>13</u>
		DAYS <u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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)	<u>Carter County Missouri</u>
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MOTHER	13. NAME <u>Zaccheus Stephens</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marble Hill Missouri</u>

MOTHER	15. MAIDEN NAME <u>Barbara R. Stacy</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredricktown Missouri</u>

17. INFORMANT (ADDRESS)	<u>James H. Moore Poplar Bluff, Mo. Route 3</u>
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18. BURIAL, CREMATION OR OTHER PLACE	<u>Trainer cemetery Nov. 29, 1934</u>
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19. UNDERTAKER (ADDRESS)	<u>Greer Undertaking Co. Poplar Bluff, Mo.</u>
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20. FILED <u>11/30</u> , 1934	<u>Alexander Johnson</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 193422. I HEREBY CERTIFY That I attended deceased from Sept 1, 1932 to Nov 28, 1934I last saw her alive on Nov 15, 1934. Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Pulmonary
1932

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray 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) Wm. H. Johnson, M. D.(Address) Poplar Bluff, Mo.

