

DEC 14 1934

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

Do not use this space.

38953

1. PLACE OF DEATH

County Dade Registration District No. 236
Township Rock Prairie Primary Registration District No. N-321
City (No.) St. Ward

2. FULL NAME

Carnie Adeline 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/8/1965

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 9

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

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) Ind.

13. NAME Rubin Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Kathleen Pearson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Florence Sullivan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Creek DATE Nov 18 - 1934

19. UNDERTAKER Trigdon - Morris - Pearson (ADDRESS) John Brown

20. FILED Nov-18 1934 O. J. Faires M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/1934

22. I HEREBY CERTIFY, That I attended deceased from Nov - 12 - 1934, to Nov 16 - 1934

I last saw her alive on Nov 17 - 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral Hemorrhage Date of onset 8/15

Other contributory causes of importance: None Known

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) Charles H. McCallie, M. D.

(Address) Fish Grove, Mo.

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.

