

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

Do not use this space.

MAR 23 1935

1. PLACE OF DEATH

County Burlington
Township
City Kennett (No. _____)

Registration District No. 288
Primary Registration District No. 5406
4172

File No. 4896
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs. Nina C. 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 F 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 Ed. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17 - 1883 -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
51 6 9

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) Byersburg, Tenn.

13. NAME J. H. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

15. MAIDEN NAME Francis Collie

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

17. INFORMANT Ed. Moore (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Feb. 27 35

19. UNDERTAKER Baldwin Funeral Home (ADDRESS) Kennett, Mo.

20. FILED 3-9-35, 19. Thurmond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-22-35, 1935, to 2-26-35, 1935.

I last saw h. po alive on 2-25-, 1935. Death is said to have occurred on the date stated above, at 2 a. m.

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

Lobar Pneumonia
pt.
108

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____

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) J. H. Kern, M. D.
(Address) Kennett, 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.

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