

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

Do not use this space.

MAR 23 1935

4911

1. PLACE OF DEATH

County Dunklin
Township Calton Hill
City Charlotte (No.)

Registration District No. 289
Primary Registration District No. 5407

File No.
Registered No. K Ward

2. FULL NAME

Charlotte Elizabeth 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. T. Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 - 1865</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humphris Co., Tenn</u>		
FATHER	13. NAME <u>Obear</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
MOTHER	15. MAIDEN NAME <u>Dont Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
17. INFORMANT (ADDRESS) <u>Mm Moore</u> <u>Malden mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Stephens</u> DATE <u>2-20-</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>H. L. Craig</u> <u>Malden mo</u>		
20. FILED <u>2-20</u> 19 <u>35</u> <u>S. B. Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1935, to Feb 19 1935
I last saw her alive on Feb 17 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset Feb. 10
1102
Other contributory causes of importance:
Cold and flu - Feb 2

Name of operation none Date of non
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? no Date of injury ✓ 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Traynor Carbide Co. D.O.
(Signed) J. H. Malden
(Address) Malden 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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