NOV 26 1935

Miles

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

Do not use this space.

33468

File No.

Registered No.

1. PLACE OF DEATH
County New Madrid
Township Lake Wilson
City ~~Mill forge~~ (No. St. Ward)
Registration District No. 604
Primary Registration District No. 6-802

2. FULL NAME Lois Fa Vata 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):
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 - 1933
7. AGE: YEARS 2 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Stoddard County

FATHER
13. NAME Charley Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard County

MOTHER
15. MAIDEN NAME Maggie Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi Co.

17. INFORMANT Charley Moore
(ADDRESS) New Madrid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keroppe, Mo DATE Nov 1 1935

19. UNDERTAKER Richards Und Co.
(ADDRESS) New Madrid, Mo

20. FILED 11/25 1935 W. O. Bauman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/19 1935, to 10/30 1935

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Mucous Colitis	
120 hr	

Other contributory causes of importance:

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) M. Mill, M. D.
(Address) New Madrid 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD