

JUL 20 1936

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

Do not use this space.

21983

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No.) St. Ward)

File No.
Registered No. 185

2. FULL NAME, Freddie Jean Moore

(a) Residence, No. 4117 North Ave. 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 Negro</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-16-1936</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>—</u>	<u>—</u>	<u>1</u>	<u>3</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>—</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>—</u>

12. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

13. NAME Donat Ross

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

15. MAIDEN NAME Lillian Moore

16. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

17. INFORMANT James Jones
(ADDRESS) North Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calyers Cemetery DATE 6-25 1936

19. UNDERTAKER Spur P. Parker
(ADDRESS) Columbia, Missouri

20. FILED 6/25/1936 Allee Selby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-36

22. I HEREBY CERTIFY, That I attended deceased from 5-16-36, 1936, to 6-19-36, 1936.
I last saw him alive on 6-19-36, 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Signature Burch

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) D. A. Moore M. D.
(Address) Columbia, Mo.

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

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.

