

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.

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

Do not use this space. ✓

9661 82 987
MAY 28 1936

1. PLACE OF DEATH

County Pike
Township Franklin
City (No.) (No.)

Registration District No. 54412 1648
Primary Registration District No. 5916

23876

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

2. FULL NAME

Jennie Bell Moore
(a) Residence, No. Route 3, Rockford Mo. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 4. COLOR OR RACE F 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Alfred S. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-28-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 11

OCCUPATION 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) July 27
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo.

MOTHER FATHER 13. NAME Jennie Willis

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

MOTHER 15. MAIDEN NAME Willis

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

17. INFORMANT (ADDRESS) Alfred S. Moore - Rockford - Mo. R# 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockford - Mo. DATE June-30-1936

19. UNDERTAKER (ADDRESS) O'Donnell Funeral Home - New London - Mo.

20. FILED July 20, 1936 Blancha Meggin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Franklin, 1936, to _____, 19____
(last saw h. or alive on June 29, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Hemorrhage of lungs caused by tuberculosis Date of onset _____

Other contributory causes of importance: 53

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) O. W. Donaldson, M. D.

(Address) Rockford, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County Pike
Township Weno.
City Frankford, Mo.

Registration District No. 688
Primary Registration District No. 4412
(No. 2976)

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jennie Bell Moore
(Usual place of abode) Route 3 Frankford, Mo.

(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 W 4. COLOR OR RACE F 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1868

7. AGE YEARS 67 MONTHS 11 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) Lincoln Co., Mo.

13. NAME Lewis Willis

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Alfred L. Moore
Frankford, Mo. # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford, Mo. June 30, 36

19. UNDERTAKER (ADDRESS) Donnell Funeral Home
New London, Mo.

20. FILED Aug 22, 1936 Mattie Unsell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936 to _____, 19____
I last saw h. _____ alive on June 24, 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:
Hemorrhage of lung
caused by tuberculosis

Other contributory causes of importance: p. 3

Date of onset _____

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) O. W. Snodgrass, M. D.
(Address) Frankford

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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