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.

AUG 27 1936

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

Do not use this space.

27544

1. PLACE OF DEATH
County Pemiscot — Registration District No. 656 — File No.
Township Cooks Center — Primary Registration District No. 5873 — Registered No.
City ~~[illegible]~~ (No. , St. Ward)

2. FULL NAME Thelma Moore
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1919
7. AGE YEARS 17 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hand Keeper
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) Holly Grove Ark

FATHER
13. NAME Jim Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

MOTHER
15. MAIDEN NAME Kattie Bell Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holly Grove Ark

17. INFORMANT (ADDRESS) Mose Moore Tyler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holly Grove DATE 7-12 1936

19. UNDERTAKER (ADDRESS) German Sanitary Co Steele Mo

20. FILED 7-18 1936 Tom Brigance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6 to 8, 1936 to 7-8, 1936
I last saw her alive on 8 9 July, 1936 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Malarial fever
C. I. Cobalts
3 8

Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Symptoms 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, 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) J R McVinnie M. D.
(Address) Steele Mo