

SEP 29 1936

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

Do not use this space.

30949

1. PLACE OF DEATH

County Jackson Registration District No. 352
Township Jackson Primary Registration District No. 1000
City James City (No. 12 C Gen Hosp)

File No. _____
Registered No. 3793 St. _____ (Ward)

2. FULL NAME

(a) Residence, No. 1129 E 4th St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 8

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) Mo

13. NAME Henry Moore

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

15. MAIDEN NAME Lucy Cutler

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

17. INFORMANT (ADDRESS) Deirda Clark 12 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem DATE 8/14/36

19. UNDERTAKER (ADDRESS) Quirk, John 25th Greenwood

20. FILED 8/14 1936 M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10-1936 to 8-12-1936

I last saw her alive on 8-12-1936 Death is said

to have occurred on the date stated above, at 2:25 PM

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

Marasmus; Abdominal distention Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. J. [Signature], M. D.

(Address) 12 C Gen Hosp

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.

