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.

SEP 24 1936

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

Do not use this space.

31346

File No.
Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 411
Township ~~Fatens~~ — Primary Registration District No. 2002
City Joplin (No. 2005 Virginia St. Ward)

2. FULL NAME Lucinda Estes Moore

(a) Residence, No. 2005 Virginia St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. x mos. x 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Samuel Clayton Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 7, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Monett Missouri

FATHER

13. NAME James Estes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER

15. MAIDEN NAME Fredonia Eagle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT William H. Moore
(ADDRESS) 2005 Virginia, Joplin, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Kings Prairie Cem. Monett Mo. DATE Aug. 9, 1936

19. UNDERTAKER Langher Mortuary
(ADDRESS) 1502 Joplin St. Joplin Mo.

20. FILED 8-7, 1936 Ed F. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from about Feb. 1, 1936, to Aug. 6, 1936
I last saw her alive on Aug 6, 1936. Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8-5-36

Other contributory causes of importance: Chronic nephritis etiology not determined

Name of operation none Date of
What test confirmed diagnosis? none 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? No
If so, specify
(Signed) O. T. Blanke, M. D.
(Address) 725 Frisco Bldg. Joplin, Mo.