APR 17 1936

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

Do not use this space.

47754

1. PLACE OF DEATH
County: Green
Township: N Jackson
City: (No. , St. Ward)

Registration District No. 322
Primary Registration District No. 5447A

File No.
Registered No. 65

2. FULL NAME: Bell Dorlene Moore

(a) Residence, No. St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26-36

7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
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): Green Co Mo

FATHER
13. NAME: Herman E. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co Mo

MOTHER
15. MAIDEN NAME: Nina M. Elliot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell Co Mo

17. INFORMANT (ADDRESS): Mr H. E. Moore Fair Grove Mo R 7 B.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Grove DATE: May 27, 1936

19. UNDERTAKER (ADDRESS): Willard B. Erwin Funeral Home Pleasant Hope Mo

20. FILED: May 27, 1936 Ullah Barnes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1936 to Mar 26, 1936
I last saw her alive on, 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:

	Date of onset
Still birth	
Non developed	

Other contributory causes of importance:
Non Developed
Crainell Bone

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) W. E. Albright, M. D.
(Address) Pleasant Hope Mo

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.

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