JUL 23 1936

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

Do not use this space.

48481

1. PLACE OF DEATH
County Linn
Township
City Brookfield (No. , St. Ward)
Registration District No. 496
Primary Registration District No. 3025
File No.
Registered No. 62

2. FULL NAME Baby Moore Still Born
(a) Residence, No. 920 No Main St., 1st 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 T
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) June 17 1936
7. AGE YEARS 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.
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) Brookfield Mo

FATHER
13. NAME Harold J Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

MOTHER
15. MAIDEN NAME Adalyn Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fearuthersville Mo

17. INFORMANT (ADDRESS) H J Moore
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookfield Mo DATE 6-18 1936
19. UNDERTAKER (ADDRESS) Homer J Bowden Brookfield Mo
20. FILED July 10 1936 J Shucos, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn, 19

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 17, 1936
I last saw her alive on Stillborn, 19 Death is said to have occurred on the date stated above, at Stillborn
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	
Premature Birth 8 mo	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? 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) Sam Evans, M. D.
(Address) Brookfield Mo

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.