SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Scott
Township:
City: Diehlstadt (No. , St., Ward)

Registration District No. 818449
Primary Registration District No. 5762

File No. 31948
Registered No. 145

2. FULL NAME: Jake Moore
(a) Residence, No. Elmer Bell farm St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years 50 | 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.: Farm laborer
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): Aberdeen Mississippi

FATHER
13. NAME: Pete Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Dave Leggear Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Cemetery DATE: August 9 1937

19. UNDERTAKER (ADDRESS): Frank Lay Funeral Service Charleston Mo.

20. FILED: 8-9- 1937 F. Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Has not had a doctor for sometime 19 to 19
I last saw h alive on 19 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
From family history I presume the cause of death was myocarditis & nephritis or Chronic Cerr. Nephr. about 2 or 3 months ago	

Other contributory causes of importance:

0781

Name of operation: None Date of
What test confirmed diagnosis? Family History 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? No
If so, specify
(Signed) Frank L. Vernon M. D.
(Address) Charleston Mo Coroner

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.