

WRITE PLAINLY WITH UNLOADING INK---THIS IS A PERMANENT RECORD

Spalding

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

Do not use this space.

1938 APR 21 1938

1. PLACE OF DEATH

County Mississippi  
Township Tyrone  
City Charleston Mo. (No. ....)

Registration District No. 566  
Primary Registration District No. 3030

File No. 11495  
Registered No. 37  
St. .... Ward)

2. FULL NAME Willie Ann Moore 660

(a) Residence, No. Cleveland St St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st 1876

7. AGE YEARS 62 MONTHS 9 DAYS 3 If LESS than 1 day, .....hrs. or .....min.

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. Housewife  
10. Date deceased last worked at this occupation (month and year) 3-38 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crockett Station Tenn

13. NAME Willie Spalding

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

15. MAIDEN NAME Mar Brewer

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

17. INFORMANT Sam Moore (ADDRESS) Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 4-4 38

19. UNDERTAKER Frank Fair Funeral Service (ADDRESS) Charleston Mo.

20. FILED 4-4 19 38 F D Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1938

22. HEREBY CERTIFY, That I attended deceased from Apr 1 1938 to Apr 4 1938  
I last saw her alive on Apr 13 1938 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:

Laber pneumonia (Right) Date of onset 3/31/38  
Other contributory causes of importance: 105

Name of operation none Date of .....  
What test confirmed diagnosis? Ch. Sputum 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? .....  
If so, specify Chas. Spalding M. D.  
(Signed) Chas. Spalding (Address) Charleston 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.

