

REC'D SEP 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis, Missouri** (No. **Barnard** Skin Cancer Hospital) St. Ward)

26900

File No.
Registered No. **6914**

2. FULL NAME

CLARRI MOORE

(a) Residence, No. **Malden Missouri**, Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **1** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 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 **Walter Moore**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 11, 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**

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) **July 1938** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dunklin County Missouri**

13. NAME **Clement P. McDaniel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Belle Sterrett**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **A.S. McDaniel** (ADDRESS) **Senath, Missouri.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Clarkton Missouri** DATE **August 5, 1938**

19. UNDERTAKER **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Ave.**

20. FILED **AUG 4 1938** **J. B. Budesh** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 3rd 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 5** 19**38** to **Aug 3** 19**38**

I last saw **her** alive on **Aug 3** 19**38**. Death is said to have occurred on the date stated above, at **6:15 AM**.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis (Date of onset)
Tubo-ovarian abscess, left
(non-specific) non-healing
(cause unknown)

Other contributory causes of importance:

1396

Name of operation: **ovariotomy & radium implant** Date of **7/6/38**
What test confirmed diagnosis? Was there an autopsy? **yes**

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) **H. Hauptman** M. D.
(Address) **Barnard Skin + Cancer Hospital**

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.

Emb. Cert.
Signed