

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.

REC'D NOV 15 1938

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

Do not use this space.

25235

1. PLACE OF DEATH

County Butler

Township

City Poplar Bluff

Registration District No. 89

Primary Registration District No. 3007

(No. 225 North Broadway)

File No.

Registered No. 207

St.

Ward

2. FULL NAME Metta Mora Moore

(a) Residence, No. 225 North Broadway 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

MEDICAL CERTIFICATE OF DEATH

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 Mr. Thomas L. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) Obion County (STATE OR COUNTRY) Tennessee

13. NAME Jackson J. Cranens

14. BIRTHPLACE (CITY OR TOWN) Gleason (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Unknown

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

17. INFORMANT Thomas L. Moore (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery PLACE Poplar Bluff, Mo. DATE 10/29/38

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 10/29 1938 Clutinger Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1938 to 10-26, 1938

I last saw h&T alive on 10-26, 1938. Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Pulmonary Tuberculosis  
1937

Other contributory causes of importance:  
Pulmonary hemorrhage 10-26-38

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) Wm. Henrich, M. D.  
(Address) Poplar Bluff, Mo.

