

REC'D NOV 3 1938

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

Do not use this space.

36365

1. PLACE OF DEATH

County *new madeid* Registration District No. *604*
 Township *New Madrid* Primary Registration District No. *5902*
 City *Clinton* (No.) St. Ward)

2. FULL NAME

600 Samuel Edward Moore

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

Length of residence in city or town where death occurred *4* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *cal* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1900 May 27*

7. AGE YEARS *38* MONTHS *4* DAYS *10* If LESS than 1 day, hrs. or min.

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

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) *Columbia Tenn* (STATE OR COUNTRY)

13. NAME *Joe Moore*

14. BIRTHPLACE (CITY OR TOWN) *Umpe Tenn* (STATE OR COUNTRY)

15. MAIDEN NAME *Ella Gant*

16. BIRTHPLACE (CITY OR TOWN) *Beathed county Tenn* (STATE OR COUNTRY)

17. INFORMANT *Ella Gant Moore* (ADDRESS) *Shelbyville, Tenn.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shelbyville Tenn* DATE *Oct 9 1938*

19. UNDERTAKER *Palmyra Thompson* (ADDRESS) *Shelbyville Tenn*

20. FILED *10/13 1938* *Ann N. O'Banion* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 7 1938*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *9 0* m.

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

*From record -
 Cordiac Failure
 (acute)*

Other contributory causes of importance: *200 W*

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) *Palmyra Thompson*

(Address) *new madeid*

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Registrar.

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.

