REC'D JUL 18 1939

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

Do not use this space.

22881

File No.
Registered No. 57

1. PLACE OF DEATH
County Pemiscot
Registration District No. 653
Township Braggadocio
Primary Registration District No. 5871
City (No. St. Ward)

2. FULL NAME 600 Unnamed infant of Rosco 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 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 38

7. AGE: Years — Months — Days — If LESS than 1 day, 8 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Braggadocio Mo

FATHER
13. NAME Rosco Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co. Miss

MOTHER
15. MAIDEN NAME Airy Sykes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co. Miss

17. INFORMANT (ADDRESS) Rosco Moore Braggadocio Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cr... Ky Tex DATE Oct. 27 19 38

19. UNDERTAKER (ADDRESS)

20. FILED 6/26 1939 Mrs Pearl Kelley Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1938 to Oct 26 1938
I last saw h. alive on Oct 26 1938. Death is said to have occurred on the date stated above, at 40 m.
The principal cause of death and related causes of importance were as follows:

Premature infant — Date of onset

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? — Was there 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
(Signed) L. D. Denton M. D.
(Address) Braggadocio 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 3,
District File Number 739-396
Date Filed 7/7/39