

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

Do not use this space.

2189
256

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 2774
 6 Township Flat River Primary Registration District No. 0018B
 6 City (No.) St. Ward)

2. FULL NAME Jacqueline 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10th 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	4		3	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/13 1932

17. I HEREBY CERTIFY, That I attended deceased from 1/12 1932 to 1/13 1932
 that I last saw her alive on 1/12 1932, and that death occurred, on the date stated above, at 2⁰⁰ P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis Tubercular

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 24
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination & History
 (Signed) Paul L. Jones, M. D.
 , 19 (Address) Elmwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) Flat River
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Archie Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Flat River
 (STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Gladys Berman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Somerset
 (STATE OR COUNTRY) mo.

14. INFORMANT Archie Moore
 (Address) Flat River, mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parkview Cemetery DATE OF BURIAL 1-14 1932

15. Feb 31 1932
 REGISTRAR

20. UNDERTAKER Cadence Brothers ADDRESS Flat River

FEB 25 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

