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.

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

Do not use this space.

File No. 19632
Registered No. 116

1. PLACE OF DEATH
County Butler — Registration District No. 89
Township — Primary Registration District No. 3007
City Poplar Bluff (No. ..., ... St. ..... Ward)

2. FULL NAME Virginia Moore
(a) Residence, No. 913 Benton St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	~~White~~ Cat	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	13	2	4	

OCCUPATION
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) Poplar Bluff (STATE OR COUNTRY) Missouri

FATHER
13. NAME Lonnie Moore
14. BIRTHPLACE (CITY OR TOWN) Wyonia (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Maud Pack
16. BIRTHPLACE (CITY OR TOWN) Puxico (STATE OR COUNTRY) Missouri

17. INFORMANT Lonnie Moore (ADDRESS) 913 Benton St. Poplar Bluff

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE City cemetery DATE June 10, 1934

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 6-12 1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1934

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 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	1931
85	

Other contributory causes of importance: no doctor in attendance

Name of operation ..... 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) J. Richard Reynolds Coroner ~~M.D.~~
(Address) Poplar Bluff Mo.