

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.

27 1928

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

Do not use this space.

1. PLACE OF DEATH
 County Saline Registration District No. 796 File No. 29369
 Township _____ Primary Registration District No. 3038 Registered No. 133
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Cora Bell Moon
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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

3. SEX _____ 4. COLOR OR RACE French White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. W. Moon
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 9 - 1867
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 10 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Marion Sanger
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF FATHER Mary E. Miller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.
 14. INFORMANT G. W. Moon (Address) Marshall Mo
 15. FILED 8-20, 1928 Mrs. John F. McGuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1927 to Aug 14 1928 that I last saw h. or alive on Aug 14 1928 and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Right Sub-mucous gland
535
 (duration) yrs. 6 mos. ds.
 CONTRIBUTORY (SECONDARY) 49
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH: _____
 19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Cancer
 (Signed) H. H. H. H. M. D.
8115 19 28 (Address) Marshall
 *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.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ridge Park DATE OF BURIAL Aug 16 1928
 20. UNDERTAKER R. W. Campbell ADDRESS Marshall

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