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

Do not use this space.

29807

1. PLACE OF DEATH
County Cedar
Township Jefferson
City (No. St. Ward)
Registration District No. 165
Primary Registration District No. 6230
File No.
Registered No. 16

2. FULL NAME Mary Elizabeth 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

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Moore
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1858 march 12
7. AGE 69 YEARS 69 | 10 MONTHS 10 | 12 DAYS 12 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
10. NAME OF FATHER John Nelson Whicher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Wolfe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY)
PARENTS
14. INFORMANT G. R. Haskell
(Address) Clinton Mo.
15. FILED Nov. 1927 E. S. Smith REGISTRAR
Mary [illegible]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1927, to Oct 23, 1927 that I last saw her alive on Oct 23, 1927 and that death occurred, on the date stated above, at 7 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of right eye
53E (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. N. Hahn, M.D.
, 19 (Address) Humansville Mo.

*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 Wider
DATE OF BURIAL 10-24-1927
20. UNDERTAKER N. G. Robertson
ADDRESS Humansville

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.

Dr Smith
Stockton