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

Do not use this space.

JAN 12 1928

1. PLACE OF DEATH

County Lawrence — Registration District No. 468 — File No. 37414

Township ~~Beach Prairie~~ — Primary Registration District No. 4281 — Registered No. 35

City Marionville (No. ..... St. ..... Ward)

2. FULL NAME Sallie 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: female
4. COLOR OR RACE: white
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) 2-31849

7. AGE 78 YEARS | 10 MONTHS | 22 DAYS | If LESS than 1 day, ... hrs. or ..... min.

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) Nurse
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Estel Co Ky

PARENTS

10. NAME OF FATHER Morton Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Estel Co Ky
12. MAIDEN NAME OF MOTHER Perlina McMorgle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Estel Co Ky

14. INFORMANT Hattie Hadges
(Address) Marionville Mo

15. FILED Dec 29 1927 R. Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/25 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1926 to Dec 24th, 1927 that I last saw her alive on Dec 24, 1927, and that death occurred, on the date stated above, at 6:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach

4-4 A

(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. M. Holmes M.D.
, 19 (Address) Marionville 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: Marionville Mo — DATE OF BURIAL: Dec 27 1927

20. UNDERTAKER: R H Fite — ADDRESS: M-Ville 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.