

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

Do not use this space.

1717

FEB 21 1928

1. PLACE OF DEATH

County Agouence  
Township Young River  
City Warona (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 478  
Primary Registration District No. 5639

File No. 5-  
Registered No. 2

2. FULL NAME

Cashy Ella Moore

(a) Residence. No. Warona St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX

F

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

Ev Moore

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

Apr 22 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

68

9

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Benton Co, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

James H. Kirby

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo. In. Mo. Ill.

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Mary Jane Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Warrensburg

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

Myrtle K. O' Bryant

(Address)

Warona Mo.

15.

FILED

1/28 28 J. Neil Smith  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

January 27<sup>th</sup> 1928

17.

I HEREBY CERTIFY, That I attended deceased from

Sept. 19 1923 to Jan. 27<sup>th</sup> 1928  
that I last saw her alive on Jan. 27<sup>th</sup> 1928, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardiac edema  
Paroxysmal vertiginous syncope  
attaches common in last few months  
(duration) 10 yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY)

AMB  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mo. \_\_\_\_\_ da.

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: Clinical

(Signed) Dr. Lloyd H. Carroll M.D.

1/27 1928 (Address) Warona 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

DATE OF BURIAL

Republics Ins. Cemeter.

1/28 1928

20. UNDERTAKER

ADDRESS

King and Co. Warona

M. 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.

MISSOURI STATE BOARD OF HEALTH

58-8-5



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.  
 County Lawrence Registration District No. 475 File No. ....  
 Township Spring River Primary Registration District No. 5629 Registered No. ....  
 City Cassidy St. .... Ward) ....  
 2. FULL NAME Cassidy Ella 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) W.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 58-9-6  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22-1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. X 69 X 9 X 5-X  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work ..... (duration) ..... yrs. .... mos. .... ds.  
 (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) .....  
 PARENTS  
 10. NAME OF FATHER .....  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....  
 12. MAIDEN NAME OF MOTHER .....  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....  
 14. INFORMANT (Address) .....  
 15. FILED 1/28 28 Will Smith REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928  
 17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..... that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
 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) ..... M. D.  
 , 19 (Address) .....  
 \*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 ..... DATE OF BURIAL ..... 19.....  
 20. UNDERTAKER ..... ADDRESS .....

SUPPLEMENTARY

S-1717