N 1 1928

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

Do not use this space.

13982

1. PLACE OF DEATH

County McDonald — Registration District No. 315 — File No.

Township Prairie — Primary Registration District No. 4311 — Registered No.

City Southwest City Mo (No. ..... St. ..... Ward)

2. FULL NAME Lydia Moore

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ J.W.Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20th 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	2	9	

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): Housework

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: A.E.Stilley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

12. MAIDEN NAME OF MOTHER: Hannah Akin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT (Address): Carrol Moore, Southwest City Mo

15. FILED 5/5 1928 John J Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 28th 1927, to April 26th, 1928 that I last saw her alive on April 26th, 1928 and that death occurred, on the date stated above, at 4,10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic Heart Disease

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): None

(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? Clinical

(Signed) G V Poynor, M.D

May 5th 1928 Southwest City 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: Southwest City Cemetry — DATE OF BURIAL: 4/30/1928

20. UNDERTAKER: Nichols Brothers S.W.City Mo — ADDRESS

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.