

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

Do not use this space.

30851

**1. PLACE OF DEATH**

County Jasper  
Township Webb City  
City Webb City (No. ....) St. .... Ward)

Registration District No. 417  
Primary Registration District No. 3021

File No. ....  
Registered No. 111

**2. FULL NAME**

Bettie Irene Moore  
(a) Residence No. 207 E. Cook 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. (If nonresident give city or town and State)

**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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	X	3	3	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Webb City  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Chas Moore

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

12. MAIDEN NAME OF MOTHER Virginia Allen

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

14. INFORMANT Chas Moore  
(Address) Webb City, Mo

15. FILED 9/29, 1928 R. M. Stormont  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 25, 1928, that I last saw h. alive on Sept 27, 1928, and that death occurred, on the date stated above, at 8:45 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cholera infantum

CONTRIBUTORY (SECONDARY) 119A / 1130W  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

8 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. S. Laughter D.O. M.D.

9-29, 1928 (Address) Webb 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 Webb City Cem DATE OF BURIAL 9/29 1928

20. UNDERTAKER Webb City, Mo ADDRESS Webb City, Mo

WRITE IN FULL, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

