

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **9172**)

City **Cheyropeeta** (No. **Salina**)

File No. **32360**

Registered No. **9676**

2. FULL NAME

(a) Residence. No. **3614 Clark** St., **18** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **10** 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)** **widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 10 1849**

7. AGE YEARS **79** MONTHS **3** DAYS **20** | **IF LESS than 1 day, hrs. or min.**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Labor**
(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) **Kentucky**

10. NAME OF FATHER

Samuel Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Kentucky**

12. MAIDEN NAME OF MOTHER

Est. Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

14. INFORMANT

(Address) **Cheyropeeta**

15. FILED

907-1 1928 | **Mar 6 Starks**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 30 1928**

17. I HEREBY CERTIFY That I attended deceased from **Sept 16 1928** to **Sept 30 1928** that I last saw **her** alive on **Sept 30 1928**, and that death occurred, on the date stated above, at **4:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
90B
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) **J. Howard** M.D.
10/1, 19**28** (Address) **Cheyropeeta**

*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

Checotah-Okla | **DATE OF BURIAL** **Oct 2 1928**

20. UNDERTAKER

Edw. F. Howard | **ADDRESS** **4212 St Louis Ave**

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.

Galvin