102

WRITE PLAINLY, 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.

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

Do not use this space.

5040

1. PLACE OF DEATH
County Shelby — Registration District No. 830 — File No. 6
Township Salt River — Primary Registration District No. 6091 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sarah Frances 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-2-1845

7. AGE: Years 84 — Months ✓ — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

PARENTS
10. NAME OF FATHER Levin Duncan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Rena Coard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maryland

14. INFORMANT L. L. Duncan
(Address) Shelbyville Mo

15. FILED Feb 11, 1929 Madge Gooch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-22-1929

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1928, to Jan 20, 1929, that I last saw her alive on Jan 20, 1929, and that death occurred, on the date stated above, at 2:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hypostatic Congestion of Lungs.
106 H
111 B (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Bronchitis
(duration) 15 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) A. M. Wood, M. D
1-23, 1929 (Address) Shelbina 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: Shelbyville I.O.O.F. Cemetery — DATE OF BURIAL: Jan-24 1929

20. UNDERTAKER: J. W. Thompson Son — ADDRESS: Shelbyville Mo.