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

Do not use this space.

9128

1929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH

County: Scott — Registration District No.: [illegible] — File No.:

Township: Mareland — Primary Registration District No.: — Registered No.: 3

City: (No. ..... St. ..... Ward)

2. FULL NAME Francis Moore

(a) Residence. No. Benton Mo R.F.D. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1840

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	6	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeper

(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) Tennessee

PARENTS

10. NAME OF FATHER Eli Bettes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

12. MAIDEN NAME OF MOTHER [illegible]

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

14. INFORMANT [illegible]
(Address) Benton, Mo

15. FILED Feb 4, 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febry 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Jany 26, 1929, to Febry 3rd, 1929, that I last saw her alive on Febry 1st, 1929, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia

11 A

109 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza

(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) Uriel P. Haw, M. D

, 19 (Address) Benton, 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
[illegible] Mo	Feb 4th 1929

20. UNDERTAKER	ADDRESS
[illegible]	[illegible]