

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

Do not use this space.

10332

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. 1121 E. Elm) St.          Ward         

File No.           
Registered No. 259

2. FULL NAME

Laura R. Moberly  
(a) Residence. No. 1121 E. Elm 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED wid (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 6 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Madison  
(STATE OR COUNTRY) Wise

10. NAME OF FATHER A.C. Bennett

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

12. MAIDEN NAME OF MOTHER Rebecca Rose

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

14. INFORMANT Mrs. P. Moberly  
(Address) Springfield

15. FILED 4-1-29 Don Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1929

17. I HEREBY CERTIFY, That I attended deceased from March 23 1929, to March 31 1929, that I last saw her alive on March 31 1929, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza  
115  
167  
(duration) yrs. mos. da. 6  
CONTRIBUTORY seriously  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at place of death  
IF NOT AT PLACE OF DEATH:         

DID AN OPERATION PRECEDE DEATH? no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General diagnosis  
(Signed) D. J. Sherman, M. D.  
3-31-1929 Springfield 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 Longview Texas DATE OF BURIAL 4-2-29

20. UNDERTAKER Alma Schmeier ADDRESS 534 St Louis

N. E.—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.

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