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

Do not use this space.

1. PLACE OF DEATH

County: Buchannan — Registration District No.: 85 — File No.: 39738

Township: — Primary Registration District No.: 1001 — Registered No.: 1416

City: St. Joseph. (No. 1119 Church Street. St. Ward)

2. FULL NAME: Martha Moyles.

(a) Residence. No. 1119 Church Street. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 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: John Moyles.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): December 22, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	11	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Ireland.

PARENTS

10. NAME OF FATHER: Michael Lavelle.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Ireland.

12. MAIDEN NAME OF MOTHER: Mary Collins.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): Ireland.

14. INFORMANT: Miss Mary E. Moyles.
(Address): 1119 Church Street.

15. FILED DEC 13 1929, 19.... John G. Ott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): December 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1929, to Dec 12, 1929, that I last saw him alive on Dec 12, 1929, and that death occurred, on the date stated above, at 11:50 Pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uterine Cancer

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): Unknown

(duration) ....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) B W Southaker, M. D.

12/12, 1929 (Address) P & S Bldg.

*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
Mount Olivet Cemetery.	Dec 16, 1929
20. UNDERTAKER: H. O. Sidenfaden	ADDRESS: 1802 Union St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD