

MAR 28 1930

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

Do not use this space.

9637

1. PLACE OF DEATH
County New Madrid Registration District No. 604 File No. 24
Township _____ Primary Registration District No. 502 Registered No. _____
City _____ (No. _____) City _____ St. _____ Ward _____

2. FULL NAME Armintha 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widow
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos Moore
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28 - 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 3 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laudress
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Dave. Matthews

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Nattie Bowman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ky

14. INFORMANT Dave Matthews
(Address) New Madrid

15. FILED 3/10/30 1930 W. S. Bowman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 9 1930
17. I HEREBY CERTIFY, That I attended deceased from 2 - 25 - 1930, to 3 - 9 - 1930
that I last saw him alive on 3 - 9 10:30, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Off. of the - death of 2 embolisms.
Chas. (probably) from - Anurum, as continued
partly (duration) yrs. mos. da.
CONTRIBUTORY Also Acute Volume Crisis
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACED? 96
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physiogn. Signs
(Signed) W. L. D. Hayes, M. D.
, 19 (Address) New Madrid

*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 Community Cem DATE OF BURIAL 3 - 10 1930

20. UNDERTAKER Richardson and Co ADDRESS New Madrid

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.

