

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

Do not use this space.

18552

**1. PLACE OF DEATH**

County Dates  
Township West Boone  
City Merwin

Registration District No. 52  
Primary Registration District No. 5080

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

Cora Moore

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-22-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 6 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) Household Duties  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon

10. NAME OF FATHER Benson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Martha Meade

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

14. INFORMANT Mrs. Stella Taylor (Address) Merwin Mo.

15. FILED 6/3, 1930 E. E. Shockey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-2-1930

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1930, to June 2, 1930 that I last saw h.c.v. alive on June 2, 1930, and that death occurred, on the date stated above, at 6:25 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Breast

4 1/2 50 149B (duration) 2 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Metastatic Carcinoma of Lungs (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. Removal of Breast

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2 yrs ago  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) B. O. Hartwell, M. D.  
6-3, 1930 (Address) Drexel-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  
West Point Cem. June-4-1930

20. UNDERTAKER ADDRESS  
J. B. Keys Drexel, Mo.

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.

EX-21  
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