

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

Do not use this space.
26823

1. PLACE OF DEATH

County Jackson
Township Kennett
City W. Kennett (No. 3501)

Registration District No. **399**
Primary Registration District No. 1002 (No. Passes)

File No. _____
Registered No. 3428 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3501 Passes St. 13 Ward. _____

(If nonresident, give city or town and State)

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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
52 9 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Mo

10. NAME OF FATHER W. C. Moore

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

12. MAIDEN NAME OF MOTHER Mary E. Moore

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

14. INFORMANT Mrs. Watson (Address) 3501 Passes

15. FILED 8/18 19 30 M. M. Corum REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 19 30

17. I HEREBY CERTIFY, That I attended deceased from June 8 1929 to Aug. 17 1930 that I last saw him alive on Aug. 15 1930 and that death occurred, on the date stated above, at 6.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterine cervix

48 (duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 46
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) A. B. Britel M. D.

8-18, 19 30 (Address) 309 East 10

*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 Hamelin Ho. DATE OF BURIAL Aug 19 19 30

20. UNDERTAKER Mrs. C. R. Foster ADDRESS W. C. 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.

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Pickwick GRA-5100