

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau  
Township Whitebark  
City Dale Ridge (No. \_\_\_\_\_)

Registration District No. 124  
Primary Registration District No. 3783

File No. 29315  
Registered No. 37  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Isobel Moore

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nov 12 - 1856

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 73 19 19

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

9. BIRTHPLACE (CITY OR TOWN) Dale Ridge  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Peter Moore

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

12. MAIDEN NAME OF MOTHER Sarah Brown

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

14. INFORMANT J. A. Moore  
(Address) Dale Ridge Mo

15. FILED 9-2-30 D. G. Seiber  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930

17. I HEREBY CERTIFY, That I attended deceased from July 8 1930 to Sept 12 1930 that I last saw her alive on Sept 11 1930 and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
fracture of femur near hip joint  
carcinoma of pleura  
144 B (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

4 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Edward C. Cates M. D.  
9-2-30 (Address) Schuyler School 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 Coney Fork Cemetery DATE OF BURIAL Sept 2 1930

20. UNDERTAKER Overcup & Miller Jackson Mo. ADDRESS \_\_\_\_\_

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.

