

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

Do not use this space.

40346

JAN 21 1930

PLACE OF DEATH
County Phelps
Township Rolla
City Rolla (No. _____ St. _____ Ward _____)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 93

2. FULL NAME Bettie Maral Moon
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 23

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

9. BIRTHPLACE (CITY OR TOWN) Rolla
(STATE OR COUNTRY) _____

PARENTS
10. NAME OF FATHER Thomas Moon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rolla
(STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Mary Wells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newburg
(STATE OR COUNTRY) MO

14. INFORMANT Thomas Moon
(Address) Rolla MO

15. FILED Dec 25 1930 Jos. F. Cagers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1930 to Dec 23 1930
that I last saw her alive on Dec 23 1930, and that death occurred, on the date stated above, at 11:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
10719
(duration) _____ yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) none
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1000
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) A. L. Mitchell, M. D.
, 19 (Address) Rolla 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 Rosal Cemetery DATE OF BURIAL Dec. 25 1930
20. UNDERTAKER Mull & Bicklider ADDRESS Rolla, 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.

