

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

Do not use this space.

2100

**1. PLACE OF DEATH**

County Maryland  
Township Liberty  
City Palmysta (No. ....)

Registration District No. 5-48  
Primary Registration District No. 4328

File No. ....  
Registered No. 4  
St. .... Ward)

**2. FULL NAME** Marian 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1875-

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. none  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pike Co.  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY) Missouri 31

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT J. H. Little  
(Address) Palmysta Mo.

15. FILED 1-24, 1931  
REGISTRAR Jaup

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1931

HEREBY CERTIFY, That I attended deceased from Jan 12, 1931 to Jan 24, 1931 that I last saw him alive on Jan 23, 1931, and that death occurred, on the date stated above, at 6:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic valvular heart disease  
92A

CONTRIBUTORY (SECONDARY) None  
(duration) .... yrs. .... mos. .... ds.

18. WHERE AS DISEASE CONTRACTED not know  
IF NOT AT PLACE OF DEATH.

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. C. O'Neal, M. D.  
1/24 / 1931 (Address) Palmysta 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 Palmysta Mo DATE OF BURIAL 1-26 1931

20. UNDERTAKER James O. Donnell ADDRESS Harrison 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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