

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

Do not use this space.

17272

File No.

Registered No. 116

St. Ward)

1. PLACE OF DEATH

County Callaway
Township
City Fulton (No. 12)

Registration District No. 104

Primary Registration District No. 3008

12. FULL NAME Olive S. Moffett

(a) Residence No. Jacksons Offm. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, hrs. or min.
	<u>50</u>	<u>1</u>	<u>1</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work 2:44
(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) Popoka Kas.

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT State Hospital Records (Address) Fulton Mo

15. May 23, 1931 R. M. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 - 1931

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to May 22, 1931, that I last saw her alive on May 21, 1931, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
9:00 a.m. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH. No DATE OF Ⓟ

WAS THERE AN AUTOPSY? Ⓟ

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. P. Brazw M. D.

5/22/31 (Address) Fulton State Hospital

*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 State Hospital No. 1 DATE OF BURIAL May 23, 1931

20. UNDERTAKER Robert Emerson ADDRESS Fulton, 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.

MAY 24 1931

