

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

Do not use this space.

**30932**

**1. PLACE OF DEATH**

County Dunklin Registration District No. 288  
Township East Primary Registration District No. H 172  
City Kennett Mo. (No. ....) St. .... Ward)

**2. FULL NAME Lillian Ora 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. L. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
62 7 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Samuel W. Wark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT C. J. Moore  
(ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 9-24-31

19. UNDERTAKER (ADDRESS) First Industrial Co  
Kennett Mo

20. FILED 9/28 1931 W. H. Miller Registrar

**MEDICAL CERTIFICATE OF DEATH**

4  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1931, to Sept 23, 1931  
I last saw her alive on Sept 23, 1931. Death is said to have occurred on the date stated above, at 9 m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy  
131  
9-23  
92A

Date of onset  
9/21/31

Other contributory causes of importance:  
General Arterial Sclerosis  
uncompensated Heart  
Chronic Nephritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Paul Baldwin, M. D.  
(Address) Kennett Mo

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

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.

OCT 22 1931

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