

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

Do not use this space.

37384

1. PLACE OF DEATH

County Greene Registration District No. 3/8 File No. _____
 Township _____ Primary Registration District No. 120011 Registered No. 778
 City Springfield, Mo. Baptist Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 526 W. Webster 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 J. W. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 194

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 94

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Greene Co. Missouri

13. NAME Moses F. Harris

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Elizabeth Rath

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) no. Data

17. INFORMANT Mrs. T. Lays (ADDRESS) 526 W. Webster

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Nov. 4 - 1931

19. UNDERTAKER (ADDRESS) Oliver T. Meyer, 7. Home 534 St. Laysen, Springfield

20. FILED 11-3 1931 John Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1931 to Nov 2 1931.

I last saw her alive on Nov. 2 1931. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Need Sudden of a Circulatory Disturbance probably a coronary Occlusion. Sudden. Brain had been an Embolism

Other contributory causes of importance: Fracture of left hip fall caused by fall at house Oct 10 1931

Name of operation _____ Date of _____
 What best confirmed diagnosis? none Was there an autopsy? no

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? Springfield Mo. at home (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? _____?

If so, specify yes unless there was an Embolism

(Signed) Leglie B. Webb M. D.
 (Address) Springfield 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.

DEC 22 1931

