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

Do not use this space.

File No. 43157
Registered No. 16

1. PLACE OF DEATH
County: Sullivan
Township: Clay
City: Newtown (No. ..... St. ..... Ward)
Registration District No. 853
Primary Registration District No. 45 19

2. FULL NAME: Allie Maud 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 26 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 Joseph Wood Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 1885

7. AGE: Years 46 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Harris Jackson Twp
(STATE OR COUNTRY) Sullivan Missouri

PARENTS
10. NAME OF FATHER David R Hank
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Putnam
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lina Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Pleasant
(STATE OR COUNTRY) Iowa

14. INFORMANT J. W. Moore
(Address) Newtown Mo

15. FILED 12-27, 1931 C. W. Widener
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Dec 25, 1931, that I last saw h. alive on Dec 25, 1931, and that death occurred, on the date stated above, at 11:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1931 Chronic Nephritis
1930
About 4 yrs (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Uremia
30 hrs (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 151
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? General
(Signed) C. W. Widener, M. D.
12-27, 1931 (Address) Newtown 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: Newtown Mo.
DATE OF BURIAL: 12-27 1931

20. UNDERTAKER: Otto Reed
ADDRESS: Newtown 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.

WITH ONE PLANE WITH UNFADING INK—THIS IS A PERMANENT RECORD