

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

Do not use this space.

1. PLACE OF DEATH  
 17 County Cass Registration District No. 162  
 9 Township Wentworth Primary Registration District No. 4564  
 1 City Recluar (No. ....) St. .... Ward ....

2. FULL NAME Christie A 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.

File No. 4014  
 Registered No. ....  
 St. .... Ward ....

**PERSONAL AND STATISTICAL PARTICULARS**

2 SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1833

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
98 6 8

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

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) Wayne Co Ohio ?

MOTHER FATHER  
 13. NAME David Neal  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Emma Williams  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hulda M. Bailey  
 (ADDRESS) Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery DATE 7/8 193

19. UNDERTAKER Rymerburg Bros & Co  
 (ADDRESS) Harrisonville Mo.

20. FILED Nov 2 1932 H. Bailey  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1931 to Feb 16 1932  
 I last saw him alive on Feb 16 1932 Death is said to have occurred on the date stated above, at 9:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cronic myocarditis  
etc  
 Other contributory causes of importance:  
etc

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?  
 If so, specify .....  
 (Signed) H. Bailey M.  
 (Address) Recluar Mo

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

MARGIN RESERVED FOR BINDING

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.

MAK 28 1932

