

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

Do not use this space.

27140

1. PLACE OF DEATH

93 County St. Clair
Township Doyal
City Hunter (No. _____ St. _____ Ward)

Registration District No. 100 5
Primary Registration District No. 6119

File No. _____
Registered No. _____

2. FULL NAME

Minnie May 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1874

7. AGE 58 YEARS MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 35

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) Indiana 2

13. NAME Wm Kling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Beckie Sturgeon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Arch Moore Collins Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robbinsen Amdate 8/14 107

19. UNDERTAKER (ADDRESS) Ed Hull Decatur Mo.

20. FILED 8-29-1932 Minnie M Gordon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1932 to Aug 11 1932. I last saw her alive on Aug 10 1932. Death is said to have occurred on the date stated above, at 5:50 A.M.

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

Chronic interstitial nephritis and high blood pressure followed by a stroke of paralysis Date of onset 1929

Other contributory causes of importance: 13 17 102

Name of operation none Date of _____

What test confirmed diagnosis? blood urine 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? _____ (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) Dr. E. D. Braun D.O., M.D.

(Address) Collins 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.

