

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

Do not use this space.

36004

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Russell City, Mo.

Registration District No. 399

Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 4515  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Huldah Beckley Moon

(a) Residence No. 2623 Monroe St. 14 Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. 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**

Widowed

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb. 13 1865

**7. AGE**

**YEARS**

67

**MONTHS**

9

**DAYS**

17

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

St. Sterling

(STATE OR COUNTRY)

Mo.

**10. NAME OF FATHER**

W. Church

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

do not know

**12. MAIDEN NAME OF MOTHER**

Shobe Briggs

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

do not know

**14. INFORMANT**

Mrs. John Drew  
(Address) 2623 Monroe City

**15. FILED**

Nov 30, 1932 M. M. Cramer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov. 30 1932

**17. I HEREBY CERTIFY, That I attended deceased from** Nov 27, 1932, to Nov 30, 1932, that I last saw her alive on Nov 27, 1932, and that death occurred, on the date stated above, at 1 a m., m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Maternal insufficiency with mitral stenosis cardiac decompensation

92A (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

95B (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical findings

"/ (Signed) H. Herbert L. Ward, M. D.

30, 1932 (Address) 814 Medical Arts

\*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**

Spring Hill Near DATE OF BURIAL Dec 2 1932

**20. UNDERTAKER**

P. O'Loone ADDRESS Spring Hill, Mo.

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.

