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

Do not use this space.

40497

File No.

Registered No. 119

1. PLACE OF DEATH
County Linn — Registration District No. 496
Township — Primary Registration District No. 3025
City Brookfield No. , St. 4th Ward)

AM 27 1933

2. FULL NAME Anna Moore

(a) Residence, No. 401 S. Beverly St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1850.
7. AGE Years 82. Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
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) July
11. Total time (years) spent in this occupation 70 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virgina

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Sarah Spurlus
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookfield DATE Dec. 21, 1932
19. UNDERTAKER Homer J. Borden.
(ADDRESS)
20. FILED 12-20, 1932 C. E. Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1932, to Dec 18, 1932
I last saw her alive on Dec 18, 1932 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
131	
938	
Other contributory causes of importance: Chr. Interstitial Nephritis	—

Name of operation Date of
What test confirmed diagnosis? Clinical 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) J. Lane Evans, M. D.
(Address) Brookfield 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.

Ex Sheriff Sarah Spurlus to get data.

V. S. No. 2