

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

Do not use this space.

612

**1. PLACE OF DEATH**

County Chariton  
Township Salsbury  
City Salsbury (No. ....)

Registration District No. 175  
Primary Registration District No. 4104

File No. ....  
Registered No. 10 St. .... Ward)

**2. FULL NAME**

Mary Emma Moore

(a) Residence No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

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

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

Dec-15-32

**7. AGE**

YEARS

MONTHS

DAYS

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

4

4

1

14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

(STATE OR COUNTRY)

PARENTS

**10. NAME OF FATHER**

Ray Moore

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

(STATE OR COUNTRY)

Mo

**12. MAIDEN NAME OF MOTHER**

Anna Powell

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

(STATE OR COUNTRY)

Mo

**14.**

INFORMANT (Address)

Mrs. Sam Moore

**15.**

FILED

19

4-20-33 W. S. ...  
REGISTRAR

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

Jan 20 1933

**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Jan 19 1933 that I last saw her alive on Jan 19 1933 and that death occurred, on the date stated above, at 3 m.

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

Bronchial Pneumonia  
1070 (duration) yrs. mos. 6 ds.

**CONTRIBUTORY (SECONDARY)**

none (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH None other

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) L. L. ... M. D.

1-20, 1933 (Address) Salsbury 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**

**DATE OF BURIAL**

McCurry Crem

1-21 1933

**20. UNDERTAKER**

**ADDRESS**

Winkelmayr Bros - Salsbury Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

