

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

Do not use this space.

746

1. PLACE OF DEATH
 27 County Cooper Registration District No. 218
 2 Township _____ Primary Registration District No. 3015
 4 City Boonville (No. _____) St. _____ Registered No. 7
 _____ Ward _____

2. FULL NAME Ella 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bus Moore</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29th 1877</u>				
7. AGE YEARS <u>55</u>	MONTHS <u>9</u>	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>2 years ago</u>			
11. Total time (years) spent in this occupation <u>life</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville</u>				
MOTHER	13. NAME <u>J Ke Martin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville Mo.</u>			
	15. MAIDEN NAME <u>Ann Kinney</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville Mo.</u>			
17. INFORMANT <u>Hennetta Hickman</u> (ADDRESS) <u>Center St Boonville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boonville City</u> DATE <u>Jan 29th 1933</u>				
19. UNDERTAKER <u>Schultz Wash off</u> (ADDRESS) <u>Boonville Mo</u>				
20. FILED <u>Jan 28 1933</u> <u>J A Russell</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932, to Jan 26, 1933

I last saw her alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:
apoplexy Jan 19, 33
Chronic multiple myeloma Oct 11, 32

Other contributory causes of importance:
Chronic multiple myeloma Oct 11, 32

Name of operation none Date of _____
 What test confirmed diagnosis? clin 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) R. Lyon Lee _____ M. D.
 (Address) 503 1/2 Myrtle St

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.

