

WITH UNPAID 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.

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

Do not use this space.

8126

1. PLACE OF DEATH

County Saline
Township Carroll Creek
City (No.)

Registration District No. 792
Primary Registration District No. 6035

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Annice 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1868
7. AGE YEARS 64 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pettis Co. (STATE OR COUNTRY) Mo

MOTHER / FATHER 13. NAME William James

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John Moore (ADDRESS) Saline

18. BURIAL, CREMATION, OR REMOVAL PLACE Low Cem DATE Feb 14 1933

19. UNDERTAKER T. W. Campbell (ADDRESS) Marshall Mo

20. FILED 2-15 1933 C. L. Lawless Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1933, to Feb 18 1933
I last saw her alive on Feb 18 1933. Death is said to have occurred on the date stated above, at 12:20 m.

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

Cerebral Hemorrhage
HTF J. J. O.
Date of onset _____

Other contributory causes of importance: _____

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? No Date of injury _____, 19____
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) C. L. Lawless, M. D.
(Address) Marshall Mo

