

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

Do not use this space.

15750<sup>c</sup>

**1. PLACE OF DEATH**

11 County Buchanan Registration District No. 85  
 5 Township Washington Primary Registration District No. 1001  
 9 City St. Joseph, Mo. (No. Mo. Meth. Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ruth Namoria Moore  
 (a) Residence, No. Afton, Iowa St. \_\_\_\_\_ Ward Afton, Iowa  
 (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 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) July 20 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	1	9	15	

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. none

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kellerton Iowa

13. NAME Elmo Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mr. Ayr  
Iowa

15. MAIDEN NAME Gladys Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kellerton  
Iowa

17. INFORMANT Mr. Elmo Moore  
(ADDRESS) Afton Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Kellerton Iowa DATE May 7, 1933

19. UNDERTAKER Hester - Deble & Bowman  
(ADDRESS) 319 So. 10th St. St. Joseph, Mo.

20. FILED 5-6-33 John R. Bender Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 5, 1933

I last saw him alive on May 5, 1933. Death is said

to have occurred on the date stated above, at 7:10 P.M.

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

Meningitis, non specific Date of onset May 2

8 PM

17 H

MAW

Other contributory causes of importance:

otitis media

Name of operation Ear Paracentesis Date of May 5 33

What test confirmed diagnosis? Schwab Purkinje 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) W. Roger Moore, M. D.

(Address) St. Joseph, Mo.

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.

JUN 20 1933

