

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. _____) St. _____ Ward _____

Registration District No. 218
Primary Registration District No. 3015

File No. 16091
Registered No. 47

2. FULL NAME

(a) Residence, No. Hospital St. Boonville Ward. West Grove
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W. 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) Jan. 10 1883

7. AGE YEARS 50 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolteacher

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) 1 yr 4 mo 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

13. NAME Wm Franklin Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oscoda Missouri

15. MAIDEN NAME Katharine D. Mohr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Missouri

17. INFORMANT Joe Moore (ADDRESS) Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove Cem DATE 5/17/33

19. UNDERTAKER Hays & Stecklein (ADDRESS) Pilot Grove, Mo

20. FILED May 10 1933 J. C. Russell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4 1933 to May 9 1933
I last saw him alive on May 9 1933 Death is said to have occurred on the date stated above, at noon m.

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

Decomposition of
muscles of right
thigh (myocardiac)
5360

Other contributory causes of importance:
Severe Secondary
anemia

Name of operation Removal tumor Date of 5.9.33

What test confirmed diagnosis? micro 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 None
(Signed) Wm. Raven, M. D.
(Address) Boonville, 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. MAY 22 1933

WITH OUPDING INK—THIS IS A PERMANENT RECORD

