

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

Do not use this space.

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16292  
2

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.

JUN 22 1933

1. PLACE OF DEATH  
 39 County Bremer Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 2081  
 City Springfield (No. Baptist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Wally Sela Moore  
 (a) Residence, No. Eldridge mo. 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 ♂ 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loel Moore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1910  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 3 12  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Data 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) Camden Mo  
 13. NAME A. L. Harrison  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 15. MAIDEN NAME Maudie Bullena  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT A. L. Harrison (ADDRESS) Springfield Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE May 23, 1933  
 19. UNDERTAKER Alma Schreyer (ADDRESS) Springfield Mo  
 20. FILED 5-23-1933 Dalphy Dargatzis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933 to May 22, 1933  
 I last saw her alive on May 22, 1933. Death is said to have occurred on the date stated above, at 5:00 PM.  
 The principal cause of death and related causes of importance were as follows:  
General Peritonitis  
Ruptured Appendicitis  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Walter Smith M. D.  
 (Address) Springfield Mo

