

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

Do not use this space.

23735

1. PLACE OF DEATH
 62 County Madison Registration District No. 538
 1 Township _____ Primary Registration District No. 3028
 4 City Fredericktown (No. _____) St. _____ Ward _____
 2. FULL NAME Mrs. Martha 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 Fi- 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm R. Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1858
 7. AGE YEARS 75 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) (STATE OR COUNTRY) Fredericktown Mo
 13. NAME Green Berry Casey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 15. MAIDEN NAME Malinda Hill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 17. INFORMANT Mrs. L. O. Whitworth (ADDRESS) Fredericktown Mo
 18. BURIAL, CREMATION, OR REMOVAL Masonic Church PLACE Fredericktown DATE July 31, 1933
 19. UNDERTAKER E. H. Hill (ADDRESS) Fredericktown Mo
 20. FILED 7/31 1933 B. C. Blangsted Registrar.
E. A. Schwank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to July 29, 1933
 Last saw him alive on July 28, 1933 Death is said to have occurred on the date stated above, at 11A in.
 The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis Date of onset 1930
11A
1933
1933
 Other contributory causes of importance:
Flu & pneumonia
 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? No
 If so, specify _____
 (Signed) Harry Barron M. D.
 (Address) Fredericktown Mo

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.

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