

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

Do not use this space.

29446

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Boyard Primary Registration District No. 5485
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 53

2. FULL NAME

Effie May Moore
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. 5 mos. 20 ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 - 1896</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>5</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home keeper</u>	
	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) <u>Henry Co Mo.</u>		
FATHER	13. NAME <u>Wm. Norris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary J. Beck</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Carm Norris, Rich Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Norris</u> DATE <u>Sep 6</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>H P Smith, Rich Mo.</u>		
20. FILED <u>9/15</u> 19 <u>33</u> <u>E & C Peeler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1933, to Sept 4 1933
I last saw h. alive on Sept 4 1933. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the stomach
46 B
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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?
If so, specify _____
(Signed) H. P. Smith, M. D.
(Address) Rich 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933

