

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township St. Louis
City Hollow Springs (No. _____)

Registration District No. 385
Primary Registration District No. 4228

File No. 29486-a
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Minnie Sue 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 Female 4. COLOR OR RACE W. White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Hollow Springs, Mo.

MOTHER FATHER 13. NAME Esther William Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

MOTHER 15. MAIDEN NAME Mary Ruth Sullenger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hollow Springs, Mo.

17. INFORMANT William Moore
(ADDRESS) Hollow Springs, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Hollow Springs, Mo. DATE Sept. 5, 1933

19. UNDERTAKER J. R. Burns
(ADDRESS) Hollow Springs, Mo.

20. FILED 7-1- 1934 J. C. B. Davis
Reg. & Dist. Registrar.

1 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1933 to Sept. 4, 1933
I last saw her alive on Sept. 4, 1933. Death is said to have occurred on the date stated above, at 3:50 pm.

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

Mitral insufficiency Date of onset Nov. 1931
92A 92A

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical findings 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) J. S. Ellett, D.O., M. D.
(Address) Hollow Springs, 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.

AUG 14 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

