

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City General Hoop #2 (No. 1712)

Registration District No. 208
Primary Registration District No. 208

File No. 13076
Registered No. 382
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1712 Holmes St. General Hoop #2 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 1 3

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

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) Ark.

13. NAME Chas. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Deceased

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Waldo Cemetery DATE 4/24/34

19. UNDERTAKER (ADDRESS) West Appleton & Sons

20. FILED Apr 24 1934 7m 3m Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-28 1934, to 4-23 1934

I last saw her alive on 4-23 1934 Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Diffuse suppurative
peritonitis
Paralytic illness
to peritonitis

Other contributory causes of importance: Subs ovarian abscess (Not Purpura)

Recent bilateral or gonococcal

Salpingectomy

Name of operation salpingectomy Date of 4/23/34

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 4/23/34

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 129

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) E. O. Tracy M. D.

(Address) General Hoop #2

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.

RECORD THIS IS A PERMANENT RECORD

