

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

Do not use this space.

3/15
17363

1. PLACE OF DEATH

County Lincoln Registration District No. 303
 Township Parson Creek Primary Registration District No. 2306
 City (No. 5629) St. Ward

File No.
 Registered No. 67

2. FULL NAME

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1846
 7. AGE YEARS 87 MONTHS 11 DAYS 13 IF LESS than 1 day, hrs. or min.
 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. 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) Belfast Ireland
 13. NAME Mr. Lawden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Nancy McMillen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Belle M. Welsh
 (ADDRESS) Summer mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE La Crosse DATE May 25, 1924
 19. UNDERTAKER (ADDRESS) H. G. Shaine
La Crosse Mo
 20. FILED 5-23, 1924 EA Wren
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1924
 22. I HEREBY CERTIFY, That I attended deceased from May 19, 1924 to May 23, 1924
 I last saw him alive on May 23, 1924. Death is said to have occurred on the date stated above, 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

930 Concretions
115 A
rigid arteries
 Date of onset

Name of operation none Date of
 What test confirmed diagnosis? element 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) EA Wren, M. D.
 (Address) mesville 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.

JUN 23 1924

