

DEC 28 1974

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 2-1167-a
Township Marion Primary Registration District No. 3079 Registered No. 332
City Hannibal (No. St. Elizabeth Hospital) St. 6 Ward

2. FULL NAME

Leslie Moore
(a) Residence, No. 810 Silver St. 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Robert T Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1869

7. AGE YEARS 65 MONTHS _____ DAYS 25 If LESS than 1 day, hrs. or min.

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) Brown Co Ind.

13. NAME William Pratt

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

15. MAIDEN NAME Sarah Ann Pratt

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

17. INFORMANT (ADDRESS) Mrs. Ella Neal Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent Cemetery DATE _____ 19__

19. UNDERTAKER (ADDRESS) Gaines, D. Donnell Hannibal, Mo.

20. FILED 11/1/74 1974 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1974

22. I HEREBY CERTIFY That I attended deceased from June 2, 1974 to June 5, 1974

I last saw him alive on June 5, 1974 Death is said

to have occurred on the date stated above, at 4:45 m.

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

Generalized (57) Carcinomatous tumor in left breast Date of onset _____

Other contributory causes of importance: Chronic myocarditis

Gen. + diffuse hyperplasia

Name of operation _____ Date of _____

What test confirmed diagnosis? Plu - 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? _____

If so, specify _____

(Signed) D. Reckmann M. D.

(Address) 1007 Rodney Avenue Hannibal, 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.

1934-10-53
1825-9-27
59-0-26