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

Do not use this space.

PLACE OF DEATH
County: Scott
Township: Morley
City: Morley (No. ..... St. ..... Ward)

Registration District No. 819
Primary Registration District No. 4495

File No. 22843
Registered No. .....

FULL NAME: Allice L. Moore

(a) Residence, No. ..... Morley, Mo. 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. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Leroy Moore

DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2, 1867

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	6	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anna, Ill.

FATHER'S NAME: Thomas Sewell

FATHER'S BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

MOTHER'S MAIDEN NAME: Emely E. Sewell

MOTHER'S BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

INFORMANT: Leroy Moore
(ADDRESS) .....

BURIAL, CREMATION, OR REMOVAL
PLACE: Sikeston DATE: June 9, 1934

UNDERTAKER: Demoster Undertaking
(ADDRESS) Sikeston

FILED: 6-9, 1934 Amy L. Boyce, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to June 7, 1934

I last saw her alive on June 6, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Angina Pectoris	6/7/34

Other contributory causes of importance:

Acute indigestion	6/6/34

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No.
If so, specify .....

(Signed) Lisa Barnes, M. D.
(Address) Morley, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No.....

City..... (No..... , ... St. ..... Ward)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT.....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....,19.....

19. UNDERTAKER.....
(ADDRESS)

20. FILED....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from .....19....., to.....19.....

I last saw h..... alive on.....19..... Death is said to have occurred on the date stated above, at.....m.

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

	Date of onset
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
Other contributory causes of importance:	
.....	.....
.....	.....
.....	.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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)....., M. D.

(Address).....

WRITE PLAINLY WITH UNFADING INK. CLEARLY WITH UNFADING INK

MARGIN RESERVED FOR BINDING

V. S. No. 2

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Scott — Registration District No.: 819

Township: — Primary Registration District No.: 4495

City: Marely (No. ..., ..., St. ..., Ward)

File No.:

Registered No.:

2. FULL NAME Alice L 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. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Leroy Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 2-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	6	5	

OCCUPATION

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): Anna Ill

FATHER

13. NAME: Thomas Sewell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Emely E Sewell

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

17. INFORMANT (ADDRESS): Leroy Moore

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sikeston DATE: June 9 1934

19. UNDERTAKER (ADDRESS): Dempster Funeral Sikeston

20. FILED 6-9 1934 Amy L Boyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934, to June 7, 1934

I last saw her alive on June 6, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
Acute Pulmonary Edema	6/7/34

Other contributory causes of importance: Acute Indigestion 6/6/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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? no

If so, specify

(Signed) Asa Parnes, M. D.

(Address) Marely Mo

SUPPLEMENTARY

5-22843