

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

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 JUL 22 1934

JUL 22 1934

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township
City Cape Girardeau (No. mo)

Registration District No. 125
Primary Registration District No. 5178

File No. 23582
Registered No. 128
Ward

2. FULL NAME Moose, Mrs Myrtle

(a) Residence, No. Southeast Mo Hospital Ward.

(If nonresident, give city or town and State) Shelby Ill

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlie Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4, 1901</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>10</u>	DAYS <u>18</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>.....</u>
	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) Williamson Ill.

FATHER 13. NAME William Smith

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Mary Williams

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Heleen Moore (ADDRESS) Daughter

18. BURIAL, CREMATION, OR REMOVAL PLACE McClure Ill DATE 7-22-34

19. UNDERTAKER Dan O Jellewan (ADDRESS) Water Ill

20. FILED 722- 1934 J. M. Thompson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to July 22, 1934
I last saw him alive on July 22, 1934. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Heat Prostration Date of onset 7-21-34

Other contributory causes of importance:
Double Salpingitis. Ovarian abscess. Pelvic abscess.

Name of operator Dr. Anthony Date of 7-20-34
What test confirmed diagnosis Physical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury, 19.....

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Dr. H. H. ... M. D.
(Address) Cape Girardeau Mo

