

JAN 2 2 1935

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

Do not use this space.

42811

1. PLACE OF DEATH

County Jackson  
Township Independence  
City Independence (No. 3019)

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 415 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Lucinda Furslee Moore

(a) Residence, No. 1624 10th Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE WHL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
65 0 1

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) Ontario  
(STATE OR COUNTRY) Canada

13. NAME Unknown

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT George F. Sheehy  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mount Hope DATE Dec 19 - 1934

19. UNDERTAKER W. Carroll Sumner Home  
(ADDRESS)

20. FILED 12-20 1934 J. L. Cook  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to Dec 17, 1934

I last saw her alive on Dec 13, 1934 Death is said to have occurred on the date stated above, at 2 P m.

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

Metastasis of the tumor  
of the uterus  
found in  
uterus  
about Dec 31  
Date of onset

Other contributory causes of importance:  
Metastasis into pelvic  
bones - vertebra  
Cachexia

Name of operation Hysterectomy Date of May 6 1933  
What test confirmed diagnosis? 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) John P. Green M. D.  
(Address) Independence, 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.

