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.

JAN 31 1935

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

Do not use this space.

1. PLACE OF DEATH
County: Boone
Township: Cedar
City: (No. ..... St. ..... Ward)

Registration District No.: 71
Primary Registration District No.: 5-110A

File No.: 150
Registered No.:

2. FULL NAME: Emma Louise Moore

(a) Residence, No. ..... St., ... 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-20-1848

7. AGE: Years 86 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Vermont

FATHER
13. NAME: Major Oat
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER
15. MAIDEN NAME: Mary M. Benstead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT: Mrs. Eris Lyles
(ADDRESS): Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Peoples Cem. DATE: 1/6/ 1935

19. UNDERTAKER: Parker Furniture Co.
(ADDRESS): Columbia, Mo.

20. FILED: Jan 7, 1935 A. T. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 3, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1935, to Jan 3, 1935
I last saw her alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at ..... p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial	
insufficiency	

Other contributory causes of importance:

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

(Signed) E. D. Bassett, M. D.
(Address) Columbia Mo.