FEB 21 1935

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

Do not use this space.

676

1. PLACE OF DEATH
County: Cooper
Township: New Lebanon
City: (No. New Lebanon St. Ward)
Registration District No. 27
Primary Registration District No. 6300
File No.
Registered No.

2. FULL NAME: Mary Moon
(a) Residence, No. New Lebanon 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 5 - 1856

7. AGE: YEARS 78 MONTHS 2 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Boon Co. Mo

FATHER
13. NAME: Jenning
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do Not Know

MOTHER
15. MAIDEN NAME: Mary Coats
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Jara Moon New Lebanon

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Jan 21 - 1935

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia

20. FILED: 2/10 1935 Robt L Fogle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 19 - 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1935 to Jan 19 - 1935
I last saw her alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset 1-19-35

Other contributory causes of importance:
Uremic poisoning

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) Robt L Fogle, M. D.
(Address) Otterville 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD