

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

Do not use this space.

25472

1. PLACE OF DEATH 8-1935

County Wair

Registration District No. 4

File No. _____

Township _____

Primary Registration District No. 3001

Registered No. 164

City Kirkville (No. _____)

St. _____ Ward _____

2. FULL NAME Minnie Pearl Moots

(a) Residence, No. 615 E 6th St. _____ Ward _____

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>52</u>	<u>1</u>	<u>15</u>	

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) Kirkville Mo

13. NAME Lew Klingmote

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

15. MAIDEN NAME Sarah Spencer

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

17. INFORMANT Alfred H. Baughert (ADDRESS) see name above

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Hill, Des Moines DATE Sept 3 1935

19. UNDERTAKER See name above (ADDRESS) Kirkville Mo

20. FILED Aug 31 1935 Spencer Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10 1935 to 8-31 1935

I last saw h. alive on Aug 31 1935. Death is said to have occurred on the date stated above, at 10P m.

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

Paroxysm of uterine

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____ No

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 _____, 1935

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 _____ No

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) F. J. Harrington, M. D.

(Address) Kirkville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

