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.

OCT 17 1935

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

Do not use this space.

28784

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No.

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Helen Nelson Moore

(a) Residence, No. 820 No. Noyes Blvd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 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: Dr. W. Roger Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 28, 1897

7. AGE: YEARS 38 — MONTHS 0 — DAYS 24 — 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): Raymore, Mo.

FATHER

13. NAME: Al Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Halsingborg, Sweden.

MOTHER

15. MAIDEN NAME: Effie Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belton, Mo.

17. INFORMANT (ADDRESS): Dr. W. Roger Moore, 820 No. Noyes Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe, Kansas DATE Sept. 24, 1935

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 9/23 1935 John H. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 22, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1935, to Sept. 22, 1935

I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.30 m. A.M.O

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

	Date of onset
Thrombo Phlebitis of left Broad ligament of uterus following Caesarean Section	9/5/35
Other contributory causes of importance: Paralytic Ileus E Intestinal Obstruction Hemorrhage in Broad ligament	9/20/35

Name of operation Caesarean Section Date of Sept. 3, 35

What test confirmed diagnosis? Autopsy 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? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) V. G. Thompson Jr., M. D.
(Address) 825 Charles St. St. Joseph, Mo