

APR 23 1936

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

7  
Do not use this space.  
40532-a

1. PLACE OF DEATH

County Remiscot Registration District No. 601  
Township Parsons Primary Registration District No. 6-862  
City Parsons

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_ St. 30 Ward \_\_\_\_\_

2. FULL NAME

Mrs Alpha Moore

(a) Residence, No. L 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>J. W. Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-17-1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 1 1935</u>	
	11. Total time (years) spent in this occupation. <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calloway, Ky.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>W. D. Joyce</u> (ADDRESS) <u>Charlottesville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Prairie Cem.</u> DATE <u>12-4-1935</u>		
19. UNDERTAKER <u>Parsons Union Bur.</u> (ADDRESS) <u>Parsons, Mo.</u>		
20. FILED <u>March 24 1936</u> <u>C. A. Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

11:300.21

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-2-1935

22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1935, to Dec 1, 1935  
I last saw him alive on Dec 1, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Malerial  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
old age

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? no  
If so, specify \_\_\_\_\_  
(Signed) A. Blount M. D.  
(Address) Charlottesville Mo

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.

