

MAY 14 1936

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

Do not use this space.

14909

1. PLACE OF DEATH

 County Grundy
 Township Lincoln
 City..... (No..... St..... Ward)

 Registration District No. 328
 Primary Registration District No. 5462

 File No.....
 Registered No.....

2. FULL NAME

Minnie Myrtle Moore

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

(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.

(If nonresident, give city or town and State)

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 Eugene Moore
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20, 1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 7

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

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) Grundy County
(STATE OR COUNTRY) Missouri13. NAME Thomas A. Wilson14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Sires16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Eugene Moore
(ADDRESS) Trenton, Mo., R.F.D.18. BURIAL, CREMATION, OR REMOVAL PLACE Mailin - Grundy Co DATE 4-29 193619. UNDERTAKER Chas. E. Schoales
(ADDRESS) Spickard, Missouri20. FILED 4 29 1936 Irene D. Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 193622. I HEREBY CERTIFY, That I attended deceased from April 18 1936, to April 27 1936I last saw her alive on April 27 1936. Death is said to have occurred on the date stated above, at 11:15 p.m.

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

Lobar Pneumonia aboutDate of onset
4-18-36

Other contributory causes of importance:

Influenza of 4 or 5 days duration prior to the pneumoniaName of operation none Date of.....What test confirmed diagnosis? Clinical 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) C. K. Bullers, M. D.(Address) Trenton, 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.

