

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

Do not use this space.

AUG 24 1936

1. PLACE OF DEATH

County Jackson
Township Kean
City Kennett (No. 1306 Enclid)

Registration District No. _____
Primary Registration District No. _____

File No. 26794
Registered No. 3460 (Ward)

2. FULL NAME Bettie B. Moore

(a) Residence, No. 1306 Enclid St., _____ Ward.

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 Fe 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 20

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

13. NAME Walter Palmer

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

15. MAIDEN NAME Dont Knapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Knapp

17. INFORMANT (ADDRESS) Jessie Tompkins
1306 Enclid

18. BURIAL, CREMATION, OR REMOVAL Highland Cemetery 7-25-36

19. UNDERTAKER (ADDRESS) Flynn + Rosenstrat
Kennett

20. FILED 7-24 36 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-36 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/15/36, 1936, to 7/21/36, 1936

I last saw h. unalive on 7/21/36, 1936 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
13
Myocardial Insufficiency

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis clinical as 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) August P. Perry, M. D.
(Address) 214 Uno, Kennett

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.

