

DEC 18 1936

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

Do not use this space.

40669

## 1. PLACE OF DEATH

County Chariton  
Township Keytesville  
City Keytesville (No. \_\_\_\_\_)

Registration District No. 171  
Primary Registration District No. 4100

File No. \_\_\_\_\_  
Registered No. 39  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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 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

J. C. Moore6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 3 23

OCCUPATION

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) Keytesville  
(STATE OR COUNTRY) Mo.

13. NAME Luther R. Perkins

14. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mrs. L. C. Moore

16. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

17. INFORMANT J. C. Moore  
(ADDRESS) Keytesville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Church DATE 11/29 1936

19. UNDERTAKER W. H. Burnett  
(ADDRESS) Keytesville Mo.

20. FILED 11/29 1936 Mrs. Roy Landrea  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1936 to Nov. 27, 1936

I last saw h. w. alive on Nov. 22, 1936. Death is said to have occurred on the date stated above, at 12 A. m.

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

Chronic myocarditis

Date of onset

Other contributory causes of importance:

SenilityName 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 \_\_\_\_\_, 1936

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) J. L. Hanson, M. D.(Address) St. Louis Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is not required.

