

APR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Barry  
Township Genesee  
City Genesee (No. \_\_\_\_\_)

Registration District No. 29  
Primary Registration District No. 5048

File No. 11032  
Registered No. 22  
St. 7 Ward \_\_\_\_\_

## 2. FULL NAME

Samantha Gene Moore  
(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*) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel G. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 5 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Iowa13. NAME John Palmer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know15. MAIDEN NAME Kathleen Parker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know17. INFORMANT Alfred Moore (ADDRESS) Genesee, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC Mineral Springs DATE 5-12 1937

19. UNDERTAKER Koch Funeral Home (ADDRESS) Cassville, Mo.20. FILED 3-12 1937 Geo. Newman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11 193722. I HEREBY CERTIFY That I attended deceased from Mar. 5 1937, to Mar. 5 1937I last saw him alive on Mar. 5 1937 Death is saidto have occurred on the date stated above, at 7:50 A.M.

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

Chronic Nephritis ?

Other contributory causes of importance:

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) E. E. McDaniel(Address) Cassville, 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.

