CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

APR 22 1937

Do not use this space.

12712

1. PLACE OF DEATH
County Monroe — Registration District No. 586 — File No. 2
Township South fork — Primary Registration District No. 5784 — Registered No. 2
City ..... (No. ..... , ..... St. ..... Ward)

2. FULL NAME Lula Moore
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~ Single
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF (OR) WIFE OF~~ Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) [illegible] 7-1874
7. AGE 62 YEARS 4 MONTHS 10 DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Monroe Mo

FATHER
13. NAME Harvey M Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Lucy Marks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Willie Moore (Bro) Perry RR
18. BURIAL, ~~CREMATION~~, OR REMOVAL PLACE South fork Ben DATE March 25 1937
19. UNDERTAKER (ADDRESS) Snyder & Hanger Santa Fe Mo
20. FILED April 10, 1937 Effie B. Drake Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937, to Mar 26, 1937
I last saw her alive on Mar 26 1937 Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Embolus — Date of onset 3-22-37
54B
Other contributory causes of importance: Uterine Fibroid
Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. 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) John E. Rowes, M. D.
(Address) Perry Mo