

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

Do not use this space.

MAY 18 1937

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 15764

Township

Primary Registration District No. 1001

Registered No. 469

City St Joseph

(No. 721 Paris Ave)

St.

Ward

2. FULL NAME Pyrenia Ann Moore

(a) Residence, No. 721 Paris Ave 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1847

7. AGE

YEARS 89

MONTHS 9

DAYS 14

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

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) Missouri

MOTHER FATHER

13. NAME Wm J. Thornton

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

15. MAIDEN NAME Stanna Todd

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

17. INFORMANT Eliza Moore

(ADDRESS) 721 Paris Ave St Joseph

18. BURIAL, CREMATION, OR REMOVAL

PLAC Memorial Cemetery

DATE 4-19-37

19. UNDERTAKER Stebens & Co

(ADDRESS) St Joseph Mo

20. FILED 4-17-37

19 37

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Mon 11 37, 1937, to Apr - 16 - 1937

I last saw h. w. alive on Apr - 13 1937 Death is said

to have occurred on the date stated above, at 11:45 a.m.

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

Chronic myocarditis without insufficiency

Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis Physical signs Is 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) J. B. Elliott

(Address) 829 Edward St Joseph, Mo. M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

