

SEP 27 1937

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

Do not use this space.

32149

1. PLACE OF DEATH.

County Wright Registration District No. 908  
Township Yonabel Primary Registration District No. 6222  
City Yonabel (No. ....) St. .... Ward (.....)

2. FULL NAME Mathie M. Moore

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE 25 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
83 8 3 7 13

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

13. NAME Samuel Fiegler

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) John Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE 8-7 1937

19. UNDERTAKER (ADDRESS)

20. FILED 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937, to Aug 6, 1937.  
I last saw her alive on July 28, 1937. Death is said to have occurred on the date stated above, at 12:20 P. m.  
The principal cause of death and related causes of importance were as follows:

Flu & Bronchial pneumonia Date of onset

Other contributory causes of importance:

Name of operation 110 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 ..... 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 1

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) R. A. Ryan, M. D.  
(Address) mtu grave no

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.

Registrar



...ing to that if not.

...ing to that if not.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

32149  
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 968  
(b) Township Mid Grove Primary Registration District No. 6222  
(c) City ..... (d) Street No. .... Registered No. 47  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha M. Moore

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
83 7 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as 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) Missouri  
(STATE OR COUNTRY)

13. NAME Samuel Ziegler

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

15. MAIDEN NAME Miss Gorman

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

17. INFORMANT John Country  
(ADDRESS) Harwood St

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 8-7 1937

19. FUNERAL DIRECTOR (ADDRESS) Bernice Montgomery

20. FILED 10-30 1937 Bernice Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Aug 6 1937  
I last saw him alive on July 28 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Flu and Bronchial pneumonia

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) R. A. Bryan, M. D.  
Mid Grove

CAUSE OF DEATH IN plain terms, so that it may be properly classified. PHYSICIANS should state in plain terms, so that it may be properly classified. PHYSICIANS should state in plain terms, so that it may be properly classified. PHYSICIANS should state in plain terms, so that it may be properly classified.

EMERGENCY

S-32149