

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Howell*
Township *West Plains*
City *West Plains*

Registration District No. *384*
Primary Registration District No. *4227*

File No. *37802*

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Verma Elizabeth 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 *16* yrs. *6* mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Sele Moore*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 1 1977*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 60 6 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

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) *Quilley View Mo*

13. NAME *David C Minnebrook*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lagarstown Va*

15. MAIDEN NAME *Mary Virginia Stoddard*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cumberland Md*

17. INFORMANT (ADDRESS) *Justin Moore West Plains Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathartown* DATE *Oct 31 1937*

19. UNDERTAKER (ADDRESS) *Louise J. Sullivan West Plains Mo*

20. FILED *10-30 1937* *Vida W. SIMONS* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 28 1937*

22. I HEREBY CERTIFY, That I attended deceased from *July* 19*37*, to *Oct* 19*37*

I last saw her alive on *Oct 28* 19*37* Death is said to have occurred on the date stated above, at *11* p.m.

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

Coronary Occlusion

Other contributory causes of importance: *Chronic myocarditis Atherosclerosis*

Name of operation *NONE* Date of _____
What test confirmed diagnosis? *EXAM* 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) *E. Royce Bohner*, M. D.
(Address) *West Plains 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.

434

