

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County GRUNDY
Township _____
City TRENTON (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. 41351
Registered No. _____
St. _____ Ward _____

2. FULL NAME

SALLIE MAY MOORE
(a) Residence, No. 719 East 22 St. Third 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. V. MOORE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MARCH 15 1874</u>		
7. AGE	YEARS	MONTHS
<u>9</u>	<u>63</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS
<u>Wife of</u>		<u>29</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		IF LESS than 1 day,hrs. ormin.
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) <u>Mercer County Missouri</u>		
13. NAME <u>GEORGE T REIT</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Mo</u>		
15. MAIDEN NAME <u>PROVA ADAMS</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KEOKUK IOWA</u>		
17. INFORMANT <u>G. V. Moore Trenton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SPICKARD Mo</u> DATE <u>Nov 16 - 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Chas E. Schooler #3103 Spickard Mo</u>		
20. FILED <u>11-15</u> 19 <u>37</u> <u>Gene D. Jar</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-14- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12:40 P.M. 14 Nov, 1937, to 1 P.M. 14 Nov, 1937
I last saw him alive on 14 Nov, 1937. Death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
AT

Other contributory causes of importance:
None

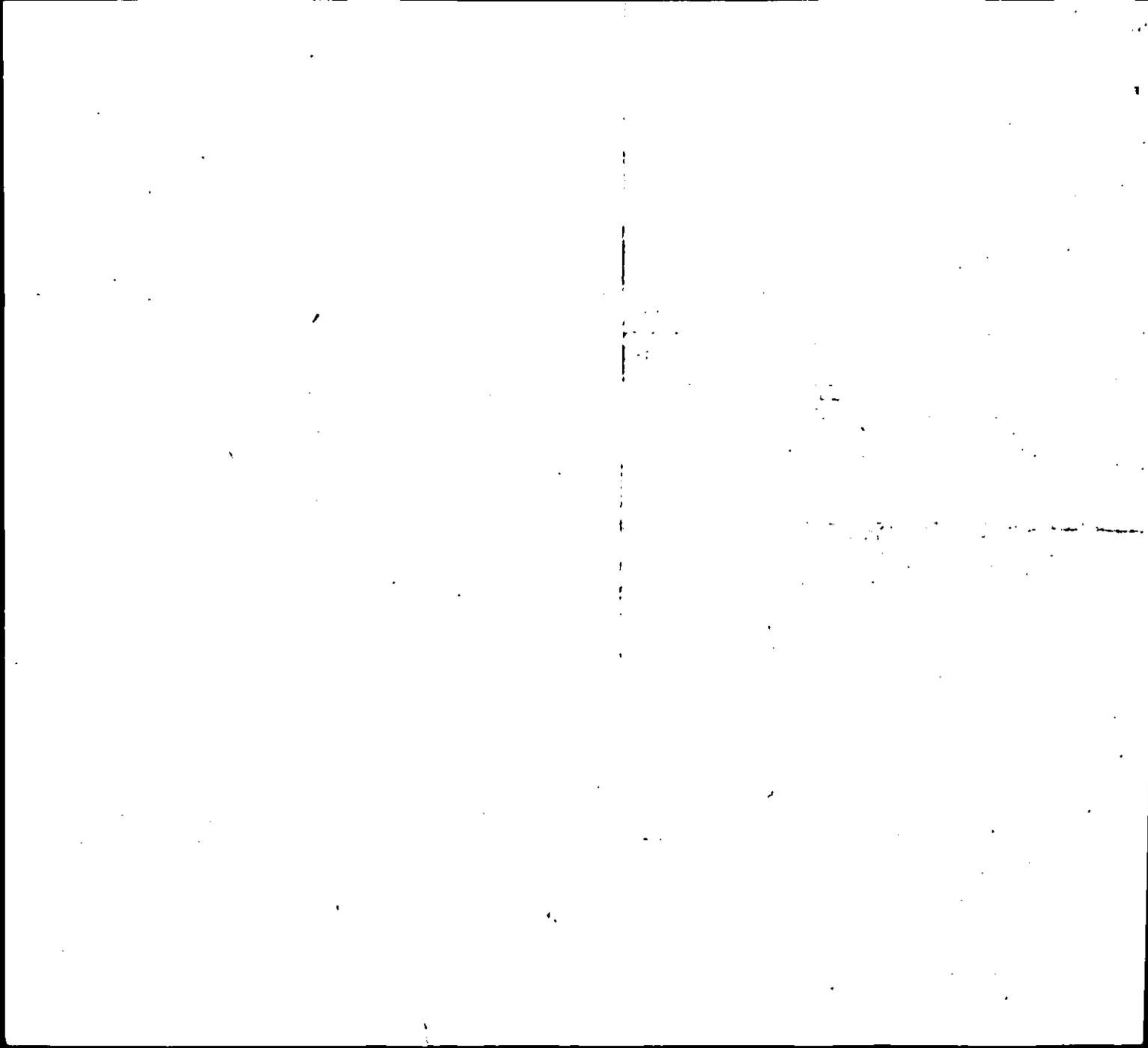
Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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. A. Cluffy M.D., M. D.
(Address) Trenton 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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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41351
Do not use this space.

1. PLACE OF DEATH.

(a) County Grundy Registration District No. 328
(b) Township Prenton Primary Registration District No. 30 12 Registered No. _____
(c) City Prenton (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 7 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1937
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____
Other contributory causes of importance: _____

SUPPLEMENTARY

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED 5-18 1938 Jene D. Faw Local Registrar.

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. L. Duffy, M. D. (Address) Prenton

PT
C
M
C

EC

1871

21

1904
(ADBE)
GURIAL

ACE

1904
1904