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.

JAN 17 1938

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

Do not use this space.

File No. 44621

Registered No.

1. PLACE OF DEATH

County: Barton

Township: Ozark

City: Liberal (No. , St. Ward)

Registration District No. 41

Primary Registration District No. 5062

2. FULL NAME: Cora Ann 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 50 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. P. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-17-1879

7. AGE: Years 58 | Months 3 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vernon County Mo.

FATHER

13. NAME: John Claypool

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vernon County Mo.

MOTHER

15. MAIDEN NAME: Jane Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vernon County Mo.

17. INFORMANT (ADDRESS): J. P. Moore Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hahn Cemetery DATE: Dec 17 1937

19. UNDERTAKER (ADDRESS): Konantz's Hamart, Mo.

20. FILED: Jan. 10 1938 F. R. Spell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1937, to Dec 15 1937

I last saw her alive on Dec 15 1937. Death is said to have occurred on the date stated above, at 6:55 P. m.

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

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:

Bronchial Asthma	

Name of operation: 0 Date of: 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19 0

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
0

Manner of injury: 0

Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify: 0

(Signed) R. G. Eddleman, M. D.

(Address) Liberal, Mo.