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.

REC'D MAR 14 1938

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

6079
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph,
Registration District No. 1001
Primary Registration District No.
Registered No. 154
(d) Street No. St. Joseph's Hospital, St.
(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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julia E. Moore, 600
(a) Residence, No. 2809 Sacramento 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1865
7. AGE: YEARS 72, MONTHS 3, DAYS 23; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher,
9. Industry or business in which work was done, as saw mill, bank, etc. Public School,
10. Date deceased last worked at this occupation (month and year) February 1938
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kewanee, Illinois,

FATHER
13. NAME Daniel Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queens County, Ireland,

MOTHER
15. MAIDEN NAME Honora Murphy,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queens County, Ireland,

17. INFORMANT (ADDRESS) Miss Mary E. Moore 2809 Sacramento Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE February 14, 38
19. FUNERAL DIRECTOR (ADDRESS) Heaton-Bergalet Bowman 319 South 10th Str. Funeral Dir.
20. FILED Feb 6, 1938 H J Nettebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 5th 1938
22. I HEREBY CERTIFY, That I attended deceased from Feby 5th, 1938, to Fe 5th, 1938
I last saw her alive on Fe 5th, 1938. Death is said to have occurred on the date stated above, at 1:50 a m.
The principal cause of death and related causes of importance were as follows:

Apoplex y. Cerebral hemorrhage paralysis right side of body 8 J A 1 — Date of onset Fe 5/38

Other contributory causes of importance:
Hypertension

Name of operation None Date of ✓
What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H Thompson, M. D.
(Address) 825 Charles St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerville, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self. 2/5/38

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerville

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)