

REC'D MAR 20 1938

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

Do not use this space.

7254

1. PLACE OF DEATH

55 County LAWRENCE
Township OSARKRegistration District No. 494Primary Registration District No. 3638

File No.

Registered No.

City

(No.)

St.

Ward)

2. FULL NAME

ETTA E. MOORE 600(a) Residence, No. Lawrenceburg, Mo. 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

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)

12-30-1877

7. AGE

YEARS
60

MONTHS

2

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Home Keeper

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)

LAWRENCE CO, MO

FATHER

13. NAME

ANDREW MOORE

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

TENNESSEE

MOTHER

15. MAIDEN NAME

SARAH J. CORADNER

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

Mo. C.

17. INFORMANT (ADDRESS)

LOU MOORE
Everton, Mo. R.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DUNCLEDATE 2-21

1938

19. UNDERTAKER (ADDRESS)

Norris D. Gernard
Miller, Mo.

20. FILED

2/21 1938 Mrs. Anna Wilkerson
495 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-13-1938

22. I HEREBY CERTIFY, That I attended deceased from

Feb 3 1938, to Feb 1938I last saw her alive on Feb 10 1938. Death is saidto have occurred on the date stated above, at 2 P.m.

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

myocardial degeneration Date of onsetacute Pulmonary edema63C

Other contributory causes of importance:

chronic Bronchitis
bronchial asthma for 30 yrsName of operation no Date ofWhat 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

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) Charles H. Mitchell M. D.(Address) ash Grove, 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.

