

REC'D MAR 25 1938

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

8425
Do not use this space.

1. PLACE OF DEATH

(a) County Wernon Registration District No. 875
(b) Township Washington Primary Registration District No. 61062 Registered No. 64
(c) City Nevada (d) Street No. State Hospital #3 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 2 yrs. 1 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Malissa C. Moore 600
(a) Residence, No. Golden City, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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>widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1852</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>86</u> | <u>-</u> |
| | | DAYS |
| | | <u>-</u> |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | <u>Housewife</u> |
| | 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 |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>unknown 9</u> | |
| FATHER | 13. NAME | <u>unknown 9</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>unknown 9</u> |
| MOTHER | 15. MAIDEN NAME | <u>unknown</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>unknown</u> |
| 17. INFORMANT (ADDRESS) | <u>Records of Hospital #3 Nevada, Mo.</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL | PLACE <u>Golden City</u> DATE <u>Mar 11</u> 19 <u>38</u> | |
| 19. FUNERAL DIRECTOR (ADDRESS) | <u>E. C. Phillips Golden City, Mo.</u> | |
| 20. FILED <u>Mar 29</u> 19 <u>38</u> | <u>Allen V. [unclear] Deaf Registrar.</u> | |

MEDICAL CERTIFICATE OF DEATH

| |
|--|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 9</u> 19 <u>38</u> |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>June 13</u> 19 <u>37</u> , to <u>March 9</u> 19 <u>38</u> Last saw him alive on <u>March 9</u> 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>2:30 p.m.</u> The principal cause of death and related causes of importance were as follows: |
| Date of onset |
| <u>Broncho-pneumonia</u> 19 <u>38</u> |
| Other contributory causes of importance: <u>1074</u> |
| <u>Arteriosclerosis</u> 19 <u>36</u> + |
| Name of operation <u>none</u> Date of _____ |
| What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u> |
| 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> 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 <u>none</u> |
| Nature of injury _____ |
| 24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify _____ (Signed) <u>A. C. Miller</u> , M. D. _____ (Address) <u>State Hospital #3 Nevada, Mo.</u> |

(Licensed Embalmer's Statement on Reverse Side)

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.

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

8420
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 878
 (b) Township Washington Primary Registration District No. 6162 Registered No. 64
 (c) City..... (d) Street No..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Malissa Q. Moore

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1882

7. AGE YEARS 86 MONTHS DAYS If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/9 1938 Allen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938

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:

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) A. E. Miller M. D.

(Address) State Hosp # 3
newark

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 state of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

