

REPRODUCTION OF THIS DOCUMENT IS VERY IMPORTANT.

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

8103
Do not use this space.

REC'D JUN 17 1938

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 222
 (b) Township Pilot Grove Primary Registration District No. 4135 Registered No. 5
 (c) City Pilot Grove (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 45 yrs. mos. — ds. (If death occurred in Hospital or Institution, write its name instead of street and number) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Catherine Lucinda Moore 60
 (a) Residence, No. Pilot Grove, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 7

OCCUPATION 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) Feb 25 - 1938 11. Total time (years) spent in this occupation 6 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pionville Missouri

FATHER 13. NAME Pat Donohoe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ireland

MOTHER 15. MAIDEN NAME Margaret Cornelius
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

17. INFORMANT (ADDRESS) Chas. Moore Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove DATE 5-27-38

19. FUNERAL DIRECTOR (ADDRESS) Hayes Stoecklen Pilot Grove, Mo

20. FILED May 27, 1938 Mrs. E. B. McCutcheon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 25, 1938. I last saw her alive on May 25, 1938. Death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis and Mitral Insufficiency Date of onset 1934

Other contributory causes of importance: None

Name of operation None 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Chas. Landy, M. D.
 (Address) Pilot Grove, Mo

STATEMENT BY LICENSED EMBALMER

I, J E Mayo, Licensed Embalmer No. 3074
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J E Mayo
Missouri L. E. No. 3074
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J E Mayo
Licensed Embalmer No. 3074

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