NOV 14 1938

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

35240
Do not use this space.

1. PLACE OF DEATH
(a) County Butler Registration District No. 92
(b) Township Gillis Bluff Primary Registration District No. 5137 Registered No.
(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 600 Idda May Moore
(a) Residence, No. 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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ~~Married~~
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1905
7. AGE YEARS 33 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) Mo. 0

FATHER
13. NAME Bob Prince 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Husband Julian Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Deering DATE Nov 4 1938
19. FUNERAL DIRECTOR (NAME) Henderson Funeral Home (ADDRESS) Campbell Mo
20. FILED 11/10 1938 Roma Nentrup Local Registrar 92

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1938
22. I HEREBY CERTIFY that I attended deceased from Nov 2, 1938, to Nov. 2, 1938
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 29

Other contributory causes of importance: 108

Name of operation Date of
What test confirmed diagnosis? 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 , 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 H. J. Rutledge
(Signed) , M. D.
(Address) Campbell, Mo.

(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.

1 X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, E W Lauder, or by —

Registered Apprentice No. —, working under my personal supervision.

Signed E W Lauder

Licensed Embalmer No. 2289

P. O. Address Campbell Mo

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

If this body is not embalmed, above space should be left blank.