

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

DEC 13 1938

1. PLACE OF DEATH

County *Madison*
Township *Bolt*
City (No. _____) _____

Registration District No. *625*
Primary Registration District No. *5827*

File No. *39954*
Registered No. *112*
St. _____ Ward _____

2. FULL NAME *Clorida Elizabeth Moore*

(a) Residence, No. *Madison Co Mo.* St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *12* 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 *wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jacob B. Moore*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-3-1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 28

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

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) *10-25-1938* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fentry County Missouri*

13. NAME *Beverly Mahoney*

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

15. MAIDEN NAME *Phoebe Oneil*

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

17. INFORMANT *Mrs Theodore Logan* (ADDRESS) *Maryville Mo 642*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Large Home* DATE *11-3-*

19. UNDERTAKER *J. E. Johnson* (ADDRESS) *St. Anthony Mo*

20. FILED *Nov 2 1938* *Mamie E. Clardy* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-1-* 19*38*

22. I HEREBY CERTIFY That I attended deceased from *Oct 3 1938* to *Nov 1 38*
I last saw him alive on *Oct 31 1938* Death is said to have occurred on the date stated above, at *6 a.m.*

The principal cause of death and related causes of importance were as follows:
Acute Cholecystitis with obstruction of common duct.

Other contributory causes of importance: *127*
Name of operation *None* Date of _____
What 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? *L* Date of injury *6*, 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 *No*
(Signed) *Chas. P. Bell*, M. D.
(Address) *Maryville, Mo.*

