

FEB 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Benton
City Browning (No. 1)

Registration District No. 497
Primary Registration District No. 4300

File No. 2932
Registered No. 3 St. _____ Ward)

2. FULL NAME EVALENA MOORE

(a) Residence, No. Browning, Mo. St. _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 14

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

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 LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LINNEUS MO

13. NAME JOHN CARLIN

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

15. MAIDEN NAME MARY BRANNER

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

17. INFORMANT EMMA PUTTMAN (ADDRESS) Browning Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Valley Cem DATE Jan. 27 1939

19. UNDERTAKER loyd Nummel (ADDRESS) Browning Mo.

20. FILED Jan. 31 1939 Ms Rita Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1939

22. I HEREBY CERTIFY, THAT I attended deceased from Dec. 3 1938 to Jan. 25, 1939

I last saw her alive on Jan. 20, 1939 Death is said to have occurred on the date stated above, at 9:05 P.M.

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

Generalized Carcinoma of Decidua of Uterus
Pruritus, right eye

Date of onset
1937
1938

Other contributory causes of importance:
Septic
Bladder disease 49

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? Yes
If so, specify _____

(Signed) J. R. McArthur M. D.
(Address) Browning 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-105

Date Filed FEB 7 1939