REC'D MAR 15 1939

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

6267
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton — Registration District No. 204
(b) Township — Primary Registration District No. 3013 — Registered No. 9
(c) City Cameron — (d) Street No. 324 West 4th. St. 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Everista Moore
(a) Residence, No. 324 West 4th. St 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1868
7. AGE: YEARS 71 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. At home
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) Kentucky

FATHER
13. NAME Micheal Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER
15. MAIDEN NAME Mary McLaughlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Mrs F. L. McAnaw Excelsior Springs, Mo.
18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
PLACE Plattsburg, Mo. DATE 2-20 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Poland Cameron
20. FILED Feby 18th 1939 Dr C H Risley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feby 10, 1939, to Feby 17, 1939
I last saw her alive on Feby 17, 1939. Death is said to have occurred on the date stated above, at 7:35 P.M.
The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

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? No
If so, specify
(Signed) N. L. Peters, M. D.
(Address) Cameron 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.

RECEIVED
District Health Officer No. [illegible]
District File Number 39-57
Date Filed 3/9/39

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, ...

A H Doolen ....., or by .....

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

Signed A H Doolen

Licensed Embalmer No. 4032

P. O. Address Cameron Wa

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

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