

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

16555
Do not use this space.

2ND JUN 12 1939

791
1003

4089

1. PLACE OF DEATH
 (a) County / Registration District No.
 (b) Township Primary Registration District No.
 (c) City or of St. Louis / (d) Street No. Mo. Bapt. Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Belle Moore
 (a) Residence, No. Hadley, Missouri St. NR (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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Newton Moore				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1874				
7. AGE	YEARS 64	MONTHS 9	DAYS 19	IF LESS than 1 day, hrs. or min.
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)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
	13. NAME George Hatdridge			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME ? Jackson			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Newton Moore (ADDRESS) Hadley, Mo.				
18. PLACE OF BURIAL REMOVAL to PLACE Leeder, Mo. DATE 5/3/39				
19. FUNERAL DIRECTOR (NAME) W. McLaughlin (ADDRESS) 2301 Lafayette Avenue				
20. FILED MAY 3 1939 <i>J. B. ...</i> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2/39

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to May 2, 1939.
 I last saw her alive on May 2, 1939, at 11:50 P.M. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
 Carcinoma of stomach with metastasis to entire abdominal viscera.
 Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of 8-5-38
 What test confirmed diagnosis? Was there an autopsy? 200

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 James A. Horsewell M. D.
 (Signed) (Address) 3903 Olive St.

WRITE CLEARLY, 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.

- 1 X16603

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

L. H. Crayton

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.