

REC'D JUN 14 1939

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

18228

Do not use this space.

1. PLACE OF DEATH

(a) County CALLAWAY Registration District No. 1111  
 (b) Township LIBERTY Primary Registration District No. 5163 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 ALPHA HELEN MOORE

(a) Residence, No. \_\_\_\_\_ St.  (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 ALFRED H. MOORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 6. 1865

7. AGE YEARS 73 MONTHS 5 DAYS 10 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper

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) AUDRAIN COUNTY (STATE OR COUNTRY) MISSOURI

13. NAME DANIEL MILDRED

14. BIRTHPLACE (CITY OR TOWN) VIR. (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME TALITHA BARNES

16. BIRTHPLACE (CITY OR TOWN) KENTUCKY (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT ALFRED H. MOORE (ADDRESS) Hutton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD Mexico DATE MAY 17 1939

19. FUNERAL DIRECTOR (NAME) Hughes Maupin (ADDRESS) Auxvasse, Mo.

20. FILED May 20 1939 B. H. Stephens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938 to May 15 1939

I last saw her alive on May 12 1939 Death is said to have occurred on the date stated above, at 9 a. m.

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

Angina Pectoris

Date of onset

Other contributory causes of importance: General Anæmia

Myocardial Regurgitation

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? ✓

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.

(Address) [Address]

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**