

1939 AUG 10

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

25556

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
 (b) Township Franklin Primary Registration District No. 5411 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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

(a) Residence, No. 600 Unnamed Road St. (If nonresident, give city or town and State)
 (Usual place of abode, if different from county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Black
 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) July 27/39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 120

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. _____
 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) Robertsville Mo

FATHER
 13. NAME not-legitimate

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

MOTHER
 15. MAIDEN NAME Ester Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robertsville Mo

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Robertsville Mo DATE Aug-6 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Estel

20. FILED 8/9 1939 W. E. Estel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-6 39
 22. HEREBY CERTIFY that I attended deceased from Aug-3 39 to Aug 6 39
 I last saw him alive on Aug 3 39. 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:

Iles Cobble's
1146
 Other contributory causes of importance: _____
 Date of onset _____

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) W. E. Estel, M. D.
 (Address) St. Clair

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 with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25536

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
(b) Township Boles Primary Registration District No. 3411 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 unnamed 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 7 4. COLOR OR RACE Black 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) July 24, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12

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.
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) Robertsville, Mo

FATHER 13. NAME not Legitimated

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

MOTHER 15. MAIDEN NAME Ester Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robertsville, Mo

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Robertsville DATE Aug 6, 1939

19. FUNERAL DIRECTOR (ADDRESS) Sheppard Hitchell, St. Clair, Mo

20. FILED 9-7-39 Mary Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1939 to Aug 6, 1939

I last saw her alive on Aug 2, 1939. Death is said to have occurred on the date stated above, 8:30 a.m.

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

Dist. Colitis

Date of onset

Other contributory causes of importance:

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) W. G. Hitchell, M. D.

(Address) St. Clair, Mo

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