

REC'D SEP 21 1939

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

29771

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 953

(b) Township Milk Creek Primary Registration District No. 5797 B Registered No. 729

(c) City..... (d) Street No.....
 (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 Eda M. Moore

(a) Residence, No. Morgan County 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>9</u>	<u>2</u>	

OCCUPATION

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

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) Morgan County Missouri

13. NAME B. A. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Missouri

MOTHER

15. MAIDEN NAME C. J. Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County

17. INFORMANT (ADDRESS) Mrs C. M. Paxton Fortuna, Mo Rt 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Alexandria Cemetery DATE: Aug - 15 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kidwell (Parsippany, Mo.)

20. Aug 15, 1939 Julius T. Cooper Local Registrar. 531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug 14, 1939. I last saw her alive on Aug 13, 1939. Death is said to have occurred on the date stated above, at 7:10 a. m.

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

Myocardial Degeneration March 1939

Date of onset March 1939

Other contributory causes of importance: 66 lb

Taxic Gaster 1936

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?.....

If so, specify.....

(Signed) G. J. Wilson, M. D.

(Address) W. J. P. 240

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1316

Date Filed 9-12-39

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,

W. F. Kidwell

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

W. F. Kidwell

Licensed Embalmer No. 1596

P. O. Address.....

Wissailie

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.