DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LEGD NOV 29 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35460

Registration District No. 1026 Primary Registration District No. 5102 A Registrar's No. 37

1. PLACE OF DEATH:

(a) County Ballinger Lac...

(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ballinger

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Moore 600

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femal

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife W. E. Moore

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased 12 (Month) (Day) (Year)

8. AGE: Years | Months | Days 0 | If less than one day hr. min.

9. Birthplace Cape County (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name X S
13. Birthplace X S (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name X
15. Birthplace X (City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. Moore

(b) Address Glen Allen

17. (a) Old trace Cem (Burial, cremation, or removal) (b) Date thereof Oct 11 39 (Month) (Day) (Year)

(c) Place: burial or cremation Old trace Cem

18. (a) Signature of funeral director D. G. Shell

(b) Address Hahn

19. (a) (Date received local registrar) (b) 8 16 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th year 1939 hour 4 minute 20 A M.

21. I hereby certify that I attended the deceased from Oct 2nd 1939 to Oct 8th 1939 that I last saw her alive on 7th 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Fractured Ribs

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? Ballinger Co. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)

While at work? Yes (e) Means of injury Fall

23. Signature O. A. Campbell (M. D. ~~or other~~)

Address Lutesville Mo Date signed 10/12/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19311

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

35460 F

Do not use this space.

1. PLACE OF DEATH
   (a) County Bollinger — Registration District No. 1026
   (b) Township Roranee — Primary Registration District No. 5102 A — Registered No. 37
   (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 Anna Moore
   (a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 - 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	9	24	

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo

FATHER
13. NAME James Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir. Co

MOTHER
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) A. Moore Glen Allen

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Tall Creek Oct 11 1939

19. FUNERAL DIRECTOR (ADDRESS) D. L. Shell Hahn

20. FILED Oct. 15 1939 Willie H. Van Amburgh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1939 to Oct 8, 1939
I last saw her alive on Oct 7, 1939. 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:

	Date of onset
Hypostatic Pneumonia	
Fractured Ribs	

Other contributory causes of importance:
Senility

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? Bollinger Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. A. Sample, M. D.
(Address) Lutesville Mo

SUPPLEMENTARY

WRITE PLAINLY, WITH ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA... ...ate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... ...tant.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

I X12241