

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.

Registration District No. 7128

Primary Registration District No. 18799a

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Perry
 (b) City or town Clarysville Mo.
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Anna Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife James F. Moore 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 7 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Jackson Co. ILL.
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Zackary Brewer

13. Birthplace Jackson Co. ILL.
 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Moore
 (b) Address Claryville Mo.

17. (a) Burial (b) Date thereof Dec. 30 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Claryville Mo.

18. (a) Signature of funeral director Young & Son
 (b) Address Perryville Mo.

19. (a) Dec. 30 (b) Edna Elder
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
 (c) City or town Claryville Mo.
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
 year 1939 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from 11-1-, 1938 to 12-28, 1939
 that I last saw her alive on 12-4-, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Chronic Myocarditis 1938
 Due to _____

Other conditions Chronic Myocarditis 1938
 (Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence none
 (c) Where did injury occur? none
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? no (Specify type of place) (e) Means of injury no

23. Signature E. Ralph May (M. D. or other) ✓
 Address Chester, Ill. Date signed 12/29/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

closed 4/10/88

AMERICAN CIVIL SERVICE UNION

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 Edward C. Young
Licensed Embalmer No. 2138
P. O. Address Wilmington

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

44262
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 1128
(b) Township Bois Brule Primary Registration District No. 5879a
(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.

Registered No. 14

2. PRINT FULL NAME

Anna 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 10 7

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4-10-40 Edna Elder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939 to _____, 1939

I last saw h. _____ alive on _____, 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

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 _____, 1939

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) E. Ralph May, M. D.

(Address) _____

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

SUPPLEMENTARY

