

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

- (a) County Pike
 (b) City or town Louisiana Mo
 (if outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Mineral Springs Sanitarium
 (if not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 weeks
 (Specify whether
 In this community 10 weeks
 years, months or days)

3. (a) PRINT
FULL NAMEMaud L. Moore8. (b) If veteran,
name warno

3. (c) Social Security

No. 709-12-0742

4. Sex

Female5. Color or
raceWhite6. (a) Single, widowed, married,
divorcedMarried

6. (b) Name of husband or wife

Hugh J. Moore

6. (c) Age of husband or wife if

alive 61 years

7. Birth date of deceased

June - 2 - 1887
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

53824

hr. min.

9. Birthplace

Independence Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Telegraph Operator

11. Industry or business

Atton R.R. Co.

12. Name

Thomas C. Vaughan

18. Birthplace

Independence Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Matie Herron

15. Birthplace

Independence Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

H. J. Moore

(b) Address

Bowling Green

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

March 2, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Independence Mo

18. (a) Signature of funeral director

W. B. C. Emouse

(b) Address

Bowling Green Mo

19. (a)

2-3-41

(Date received local registrar)

G. C. Hiley

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike 82
 (c) City or town Bowling Green 1
 (If outside city or town limits, write "RURAL") 0
 (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 Feb day 26
 year 41 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec. 9/40
 _____, 1940, to Feb 26, 1941;
 that I last saw h. e. r. alive on Feb 26, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death A POPEXY

Duration

Due to

HYPERTENSION.

Due to

NEPHRITIS.

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

G. L. Blyden (M. D. or other) 20

Address

Louisiana Date signed 2/25/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6. 2B
7. 24
REJ. 4

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Louisiana

(b) City or town Louisiana
(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, days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maude L Moore

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Feb day 26
year _____ hour _____ minute _____ M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 53 Months 8 Days 24
If less than one day _____ hr. _____ min.

Immediate cause of death: apoplexy Duration _____

Due to Hypertension

Due to nephritis (chronic)

9. Birthplace: (City, town, or county) _____ (State, foreign country) _____

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (d) Means of injury

23. Signature [Signature] (M. D. or other) _____

Address Louisiana Date signed _____

SUPPLEMENTAL

11703