

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25868

FILED AUG 14 1941

Registration District No. 672

Primary Registration District No. 4414

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Dearborn, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Leona Virginia Moore

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (g) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive L years

7. Birth date of deceased March 19th. 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 03 Days 6 If less than one day L hr. L min.

9. Birthplace Halleck Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business None

12. Name James Ferris (Ferrell)

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

14. Maiden name Louisa Baker

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

16. (a) Informant M. H. Moore
(b) Address Dearborn, Missouri

17. (a) Burial (b) Date thereof 6/27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn Cemetery

18. (a) Signature of funeral director Russell Davis

(b) Address Dearborn, Missouri

19. (a) June 26th. (b) M. H. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Dearborn Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? L years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th.
year 1941 hour 4 minute L A. M.

21. I hereby certify that I attended the deceased from April 1
1937 to June 25, 1941;
that I last saw her alive on June 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Carcinoma Uteri

Due to L

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Uteri

Of autopsy None made

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

(a) Accident, suicide, or homicide (specify) No

(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 None

23. Signature M. H. Moore (M. D. or other)
Address Dearborn Mo Date signed 6/27/41

Duration

5 years

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

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