WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

500

JAN 13 1942

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

Do not use this space.

413005

1. PLACE OF DEATH
County Barry — Registration District No. 37
Township — Primary Registration District No. 5053
City Washburn (No. ..... St. ..... Ward)

File No. 0
Registered No. 0

2. FULL NAME Bonnie Moore

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/24 — 41

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) Washburn Mo

FATHER
13. NAME Chas. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Goldie Mohrman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo — 0

17. INFORMANT (ADDRESS) Chas Moore Washburn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washburn Pa. DATE Dec. 26 1941

19. UNDERTAKER (ADDRESS) Clara Mahrman family

20. FILED 12/26 1941 Freida Edens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1941, to Dec. 24, 1941
I last saw her alive on Dec. 24, 1940. Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

Malnutrition

Date of onset

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Other contributory causes of importance:
Placenta Prima

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? .....
(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? No
If so, specify .....
(Signed) H W Edmunds, M. D.
(Address) Seligman Mo

RECEIVED
District Health Officer No. 6,
District File Number 142-94
Date Filed JAN 12 1942