

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.

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

Do not use this space.

DEC 13 1938

1. PLACE OF DEATH

County Madaway
Township Bolk
City (No. _____) _____

Registration District No. 625
Primary Registration District No. 5827

File No. 39954
Registered No. 112
St. _____ Ward _____

2. FULL NAME Alverda Elizabeth Moore

(a) Residence, No. Madaway Co Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 10-25-1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fentry County Missouri

13. NAME Beverly Mahoney

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

15. MAIDEN NAME Phoebe Oneil

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

17. INFORMANT Mrs Theodore Logan (ADDRESS) Marionville Mo 642

18. BURIAL, CREMATION, OR REMOVAL PLACE Large Home DATE 11-3-

19. UNDERTAKER J. E. Johnson (ADDRESS) Marionville Mo

20. FILED No 2 19 38 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1- 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 3, 1938, to Nov 1, 1938. I last saw him alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Cholecystitis with obstruction of common duct.

Other contributory causes of importance: 127

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 11-1, 1938. Where did injury occur? Home (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 Chas. P. Bell, M. D. (Signed) (Address) Marionville Mo.

