

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.

31910-a

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

Do not use this space.

31910-a

1. PLACE OF DEATH

County Monteau  
Township Linn  
City..... (No..... St..... Ward)

Registration District No. 574  
Primary Registration District No. 37724

File No. 1931  
Registered No. 38

2. FULL NAME

Maria Elizabeth 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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Alfred Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 7

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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) north Carolina

FATHER 13. NAME James Grey

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

MOTHER 15. MAIDEN NAME Susan Deatherage

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

17. INFORMANT (ADDRESS) R. B. Anderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion Cem DATE 9-30-31

19. UNDERTAKER (ADDRESS) Ed Albert Hornbeck

20. FILED Oct 10 1931 Ellis E. Hake Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-31

22. I HEREBY CERTIFY, That I attended deceased from 9-28-31 1931, to 9-28-31 1931. I last saw her alive on 9-28-31 1931. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:  
Coronary Hemorrhage  
Operation for Pilonary  
Autism High West

Other contributory causes of importance:  
Operation for Pilonary  
Autism High West

Name of operation Autism Check. Date of 9-28-31  
What test confirmed diagnosis? Operation Was there an autopsy? no

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?  
If so, specify.....  
(Signed) A. L. Meredith, M. D.  
(Address) Promie House

