

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.

26219

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township N. 6. Mo Primary Registration District No. 100  
 City St. Lukes (No. St. Lukes) File No. 3127  
 Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jessie Elizabeth Moudy  
 (a) Residence, No. St. Lukes Hospital Ward. Adrian, Mo.  
 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter A. Moudy  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-22-1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 9 22  
 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) Adrian, Mo.

FATHER 13. NAME William Henry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Lilana Cowden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Alfred W. Moudy  
(ADDRESS) 5140 - Olive, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Adrian DATE Aug 17 1932

19. UNDERTAKER Creath and Son  
(ADDRESS) Adrian, Mo.

20. FILED 8/14 3:30 P.M.  
Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22 1932 to Aug 14 1932  
 I last saw her alive on Aug 14 1932 Death is said to have occurred on the date stated above, at 4:20 P.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix  
Multifocal Pulmonary Infarcts  
 Date of onset 2 wks  
 Other contributory causes of importance: Hypertension  
2 wks

Name of operation Hysterectomy Date of 8/24/32  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Ralph K. Wilson, M. D.  
 (Address) 1602. Argyle St. Adrian, Mo.

