

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

Do not use this space
40043

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Law Primary Registration District No. _____
 City Cano. City (No. 1116 - East 9th St.) St. _____ Ward _____

File No. **5051**
 Registered No. _____

2. FULL NAME

Mrs. Mary Jane Moore
 (a) Residence, No. 1116 St. 9th Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John M. Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV. 16, 1866</u>		
7. AGE	YEARS	MONTHS
<u>66</u>	<u>1</u>	<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
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) <u>Ohio</u>		
13. NAME <u>Geo. W. H. Amacher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mary C. Watson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>John M. Moore</u> <u>1116 East 9th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc. Wash</u> DATE <u>Dec</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. C. Farster</u> <u>918 Tompkins Ave</u>		
20. FILED <u>12/29</u> 19 <u>32</u> <u>M. M. Entwistle</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1932 to Dec 28, 1932
 I last saw her alive on 12-28, 1932 Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of colon
400 460
 Other contributory causes of importance: (D)

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray, 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? no
 If so, specify _____
 (Signed) Ralph P. Myers, M. D.
 (Address) 812 Shiloh St. Sg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

