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.

AUG 22 1933

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

Do not use this space.

22536

1. PLACE OF DEATH 16 County Cape Girardeau Registration District No. 130 File No.
Township Liberty Primary Registration District No. 5181 Registered No.
City (No. St. Ward)

2. FULL NAME Sophie A. Moore.
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 41 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 Wife of Thomas Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1861
7. AGE YEARS 72 MONTHS 5 DAYS 22. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm home
10. Date deceased last worked at this occupation (month and year) May 1933.
11. Total time (years) spent in this occupation 56 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millersville Mo.

FATHER
13. NAME John Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Ruddle O. Moore Whitewater Mo
18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Barks Chapel DATE July 5 1933
19. UNDERTAKER (ADDRESS) A. Linger Leopold Mo
20. FILED 7-17-1933 J. M. Slagle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1933 to July 4 1933
I last saw her alive on July 4 1933 Death is said to have occurred on the date stated above, at 12 40 P.m.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of the Liver — Date of onset 1920
Jaundice Complicate with Chronic Interstitional Nephritis
124 B
Other contributory causes of importance:
Unknown
131
155 B
124 B
Name of operation None Date of —
What test confirmed diagnosis? Physical Ex 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) J. M. Finney, M. D.
(Address) Lafin Mo