

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

Do not use this space.

30243

1. PLACE OF DEATH

64 County Marion Registration District No. 547 File No. _____
 1 Township _____ Primary Registration District No. 3079 Registered No. 273
 8 City Hannibal (No. X, St. Elizabeths Hospital, St. _____ Ward _____

2. FULL NAME

Anna F Moon
 (a) Residence, No. 1729 Ruby 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Haver Moon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 17
 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. At Home 49A
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co, Missouri

FATHER 13. NAME John Marshal
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

MOTHER 15. MAIDEN NAME Lois Agnes Grose
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co, Missouri

17. INFORMANT Wm H Moon (Husband)
 (ADDRESS) 1729 Ruby Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Olivet DATE September 8, 1933

19. UNDERTAKER Wm M Smith
 (ADDRESS) 902 Ruby Hannibal, Mo

20. FILED Sept 8, 1933 R H Isbister
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 6, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 30 to Sept 6, 1933
 I last saw her alive on Sept 6, 1933 Death is said to have occurred on the date stated above, at 8:55 A. M.

The principal cause of death and related causes of importance were as follows:
Generalized Carcinomatous primary of body
 Other contributory causes of importance:
Postoperative shock

Name of operation Exploratory removal Date of _____
 What test confirmed diagnosis? Opent 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) J. Keulemans, M. D.
 (Address) 1010 S. Olive Hannibal Mo

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.

OCT 20 1933

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