

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.

NOV 26 1936

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

Do not use this space.

37855

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Stam Primary Registration District No. 1002
City J. K. C. Mo. (No. 3305, Cleveland St. _____ Ward _____)

File No. _____
Registered No. 41113 St. _____ Ward _____

2. FULL NAME

Sarah Lymenia Moore
(a) Residence, No. 3305 Cleveland 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 <u>Female</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. C. Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 1-1875</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>	
	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) <u>Mo.</u>		
FATHER	13. NAME <u>Luke Thornton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lymenia Todd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>C. C. Moore</u> (ADDRESS) <u>3305 Cleveland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clarksdale Mo</u> DATE <u>10/27</u> 19 <u>36</u>		
19. UNDERTAKER <u>W. Webb</u> (ADDRESS) <u>208 Grove Mo.</u>		
20. FILED <u>Nov 26 1936</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26 1936

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1936, to October 26, 1936
I last saw her alive on October 26, 1936 Death is said to have occurred on the date stated above, at 1:45 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset Oct 20 - 1936

Other contributory causes of importance:
Hypertension
Headache

Name of operation _____ Date of _____
What test confirmed diagnosis? Microsc. 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) E. E. Evans, M. D.
(Address) 703 Waldheim Bldg
Kennett Mo

Dr. E. J. E. Evans
Walden - Bld.