

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17688

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3096 Registered No. 121
 (c) City Columbia (d) Street No. 409 S. GARTH (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

REXANA JORDAN MOORE 600
 (a) Residence, No. 409 S. GARTH St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. MOORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 — 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as 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) NORTH CAROLINA

FATHER 13. NAME JORDAN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. CAROLINA

MOTHER 15. MAIDEN NAME DIZA FOUTTS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. CAROLINA

17. INFORMANT (ADDRESS) CLIFFORD MOORE
409 S. GARTH COLUMBIA Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DE KALB County Mo DATE 5-21-1938

19. FUNERAL DIRECTOR (ADDRESS) PARKER'S
COLUMBIA Mo

20. FILED 5/20/38 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:40 p. m.

The principal cause of death and related causes of importance were as follows:

Symptomatic given by
Bay -
Hill state coronary
arterial block,

Date of onset

Other contributory causes of importance: age - 94 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? X

If so, specify _____

(Signed) F. B. Williamson, M. D.

(Address) Columbia Mo

STATEMENT BY LICENSED EMBALMER

I, M. D. Whitfield, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. D. Whitfield
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed M. D. Whitfield
Licensed Embalmer No. 3893

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)