

LEAD MAR 20 1939

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

5772
Do not use this space.

1. PLACE OF DEATH

(a) County AUDRAIN Registration District No. 26
(b) Township _____ Primary Registration District No. 3002 Registered No. 29
(c) City MEXICO MO (d) Street No. 522 N. ~~HOME~~ E. Holm St.
(e) Length of residence in city or town where death occurred yrs. mos. / 53s. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

600 EMILY L. MOORE
(a) Residence, No. PARIS, MO St. PARIS, MO
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN T. MOORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 18, 1854

7. AGE YEARS 84 MONTHS 9 DAYS 9 If LESS than 1 day,hrs. ormin.

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) MONROE Co., Mo. (STATE OR COUNTRY)

13. NAME COLEMAN STONE

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

15. MAIDEN NAME LOUISA KEITHLEY

16. BIRTHPLACE (CITY OR TOWN) KY. (STATE OR COUNTRY)

17. INFORMANT C. A. MOORE (ADDRESS) PARIS, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE PARIS, MO DATE MAR 1ST 1939

19. FUNERAL DIRECTOR (NAME) SPEED & BLAKEY (ADDRESS) PARIS, MO

20. FILED Feb 28, 1939 Blanche Neely Local Registrar. 23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 29, 1939.

22. I HEREBY CERTIFY, That I attended deceased from FEB. 14, 1939, to FEB. 28, 1939
I last saw her alive on FEB. 27, 1939. Death is said to have occurred on the date stated above, at 7:45P.M.
The principal cause of death and related causes of importance were as follows:

CORONARY ARTERY DISEASE WITH OCCLUSION
MYOCARDIAL DEGENERATION
Other contributory causes of importance: FETAL IMPRESSION
Date of onset FEB. 24

Name of operation spinal Date of _____
What test confirmed diagnosis? 1000 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) H. S. Neekerman D.
MEXICO, MO

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.

JUN 30 1944

RECEIVED

District Health Officer No. 10

District File Number 10-39-285

Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

W. B. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Mo.

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.)

If this body is not embalmed, above space should be left blank.