JAN 12 1940

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

Do not use this space.

43115

File No.
Registered No. 159

1. PLACE OF DEATH
County: Clay
Township: Fishing River
City: Excelsior Springs (No. , St. Ward)
Registration District No. 118
Primary Registration District No. 3011

2. FULL NAME (or) Margaret Moore
(a) Residence, No. 417 Broadway St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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 Sanford Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1866

7. AGE: Years 73 Months 4 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Clay Co Mo

FATHER
13. NAME James L. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Virginia Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Guy W. Moore
(ADDRESS) Lawson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawson, Mo. DATE Dec 6 1939

19. UNDERTAKER Claude Prichard
(ADDRESS) Excelsior Springs, Mo.

20. FILED Dec 7 1939 Mrs Rea McCrickard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5. 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to Dec. 5, 1939
I last saw her alive on Dec. 4, 1939 Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis of Right heart — Date of onset 18 months ago
Myocarditis

Other contributory causes of importance:
Patient had light cold for 20 days previous to death
Patient had operation Carcinoma Cervix about 2 years ago
Name of operation Date of
Was diagnosis confirmed by autopsy? Was there an autopsy? Was diagnosis approved by a physician

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) John F. Grace, M. D.
(Address) Excelsior Springs 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/11/40