OCT 20 1928

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

Do not use this space. Dr Walter Smith

26970

1. PLACE OF DEATH
County Greene
Registration District No. 318
Township
Primary Registration District No. 2001
Registered No. 563
File No.
City Springfield (No. Spfld Baptist Hosp ...St. ...Ward)

2. FULL NAME Ova Moen

(a) Residence. No. Exeter Mo 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Alfred Moen
5A. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Alfred Moen
6. DATE OF BIRTH (month, day and year) Dec 11th 1900
7. AGE 26 Years 9 Months 4 Days. If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Exeter
(State or country) Mo
PARENTS
10. NAME OF FATHER J. E. Lawson
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia
12. MAIDEN NAME OF MOTHER Unknown Church
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia
14. Informant Alfred Moen
(Address) Exeter Mo
15. Filed 9/15 1927 O C Horst ML Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Sept 15 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1927, to Sept 15, 1927, that I last saw h... alive on Sept 15, 1927, and that death occurred, on the date stated above, at 9 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Infection
145A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 146 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Walter Smith, M. D
, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Exeter Mo
DATE OF BURIAL 9/ 1927
20. UNDERTAKER Herman Lohmeyer
ADDRESS SPRINGFIELD, MO. Spfld

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.