

MAY 27 1929

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

Do not use this space.

15240

1. PLACE OF DEATH

County *Lacleave*  
Township *Pierce*  
City *Pierce*

Registration District No. *471*  
Primary Registration District No. *5634*

File No. *7*  
Registered No. *20*  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 *J. B. Moore*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *10-17-1843*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*85-9-15-16 9 16*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *None*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Carroll, County*  
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Roberts*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Leominster*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Baur Knau*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Baur Knau*  
(STATE OR COUNTRY)

14. INFORMANT *Mollie Morris*  
(Address) *Pierce City Mo R.F.D.*

15. FILED *4/4* 19*29* *N Ross Clark*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 2 1929*

17. I HEREBY CERTIFY, That I attended deceased from *March 29*, 19*29*, to *April 2*, 19*29* that I last saw him alive on *April 2*, 19*29*, and that death occurred, on the date stated above, at *5:30 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*11A Influenza*

CONTRIBUTORY (SECONDARY) *Broncho-Pneumonia*  
(duration) yrs. mos. *7* da.  
*5* da.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH:  
DID AN OPERATION PRECEDE DEATH? *int* DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? *int*

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) *E. B. Wright*, M. D.  
, 19 (Address) *Pierce City Mo*

\*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 *New Church Cemetery* DATE OF BURIAL *4/4 1929*

20. UNDERTAKER *H. J. Bradford* ADDRESS *Monett*

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.

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