PLACE OF DEATH

County Shannon

Township Blair
or
Village
or
City (NO. St.; Ward)

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

Registration District No. 1117 File No. 11767-A

Primary Registration District No. 6079 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lucy May Moses

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Single
DATE OF BIRTH	March (Month) 18 (Day), 1918 (Year)
AGE	yrs. mos. ds. If LESS than 1 day, 3 hrs, or min.?
OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE (City or town, State or foreign country)	
PARENTS — NAME OF FATHER	Jack Moses
BIRTHPLACE OF FATHER (City or town, State or foreign country)	Reynolds Co.
MAIDEN NAME OF MOTHER	Emma Sanford
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Ripley Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Moses

(ADDRESS)

Filed , 191 , REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March (Month) 18 (Day), 1918 (Year)

I HEREBY CERTIFY, that I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

20 B

18

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) M. D.

, 191 (Address)

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Reynolds Co. DATE OF BURIAL March 19 191

UNDERTAKER Jack Moses ADDRESS

PLACE OF DEATH

MISSOURI STATE BOARD OF
BUREAU OF VITAL STATISTI
CERTIFICATE OF DEATH

County ______

Township ______ Registration District No. ______ File No. ______
or
Village ______ Primary Registration District No. ______ Registered No. ______
or
City ______ (NO. ______ St.; ______ Ward) [If de hospita give i of stre

FULL NAME ______

PERSONAL AND STATISTICAL PARTICULARS		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)
DATE OF BIRTH ______ (Month) ______ (Day), 1 ______ (Year)		
AGE ______ yrs. ______ mos. ______ ds.	If LESS than 1 day, ______ hrs. or ______ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work ______		
(b) General nature of industry, business, or establishment in which employed (or employer) ______		
BIRTHPLACE (City or town, State or foreign country)		

PARENTS

NAME OF FATHER	
BIRTHPLACE OF FATHER (City or town, State or foreign country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ______

(ADDRESS) ______

Filed ______, 191___, ______ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ______ (Month)

I HEREBY CERTIFY, that I attended ______, 191___, to ______

that I last saw h___ alive on ______

and that death occurred, on the date stated ab

The CAUSE OF DEATH* was as follows:

______

______ (Duration) ______ yrs. ______

Contributory ______ (SECONDARY)

______ (Duration) ______ yrs. ______

(Signed) ______

______, 191___ (Address) ______

*State the Disease Causing Death, or, in deaths from (1) Means of Injury: and (2) whether Accidental, Suicidal, or Hon

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION RECENT RESIDENTS)

At place of death ______ yrs. ______ mos. ______ ds. In the State ______ yrs. ______

Where was disease contracted if not at place of death? ______

Former or usual residence ______

PLACE OF BURIAL OR REMOVAL	DATE
UNDERTAKER	ADI