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

RECD NOV 2 1939

Do not use this space.

35710

File No.

Registered No. 37

1. PLACE OF DEATH

County Cape Girardeau / 2 Registration District No. Jackson, Mo. 124

Township [redacted] Primary Registration District No. 4070

City or Village (No. [redacted] St. Ward)

2. FULL NAME Martha M. E. Moore

(a) Residence, No. Jackson 270 Maple 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.

16
20

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Jacob Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3rd 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Dairy Mo. ©

FATHER

13. NAME Henry Folger ©

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

MOTHER

15. MAIDEN NAME Mary Ridder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dairy, Mo

17. INFORMANT (ADDRESS) Jacob Moore Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Mo DATE Oct 23-1939

19. UNDERTAKER (ADDRESS) Seabaugh Fun. Home Copy Jackson Mo

20. FILED 10-23 1939 D. F. Seibert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22- 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1939, to 10-22-, 1939

I last saw h[redacted] alive on 10-20, 1939. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
GJC	

Other contributory causes of importance:

(1) - Hypertension

(2) - Marked deformity of Chest & Spine

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

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? ✓

If so, specify

(Signed) Albert M Estes, M. D.

(Address) Jackson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Was embalmed by W.W. Estes
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