

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

Do not use this space.

41607

**1. PLACE OF DEATH**

County Monteau  
Township Wagner  
City California (No. .... St. .... Ward)

Registration District No. 571  
Primary Registration District No. 4335

File No. ....  
Registered No. 57

**2. FULL NAME**

Miss Nora Olenus Moore

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 4 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, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 2 15

**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) Kepton MO  
(STATE OR COUNTRY)

10. NAME OF FATHER Wladislaw Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kepton MO  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Petree

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kepton MO  
(STATE OR COUNTRY)

14. INFORMANT (Address) J. P. Moore  
Kepton MO

15. FILED Dec 19, 1931 J. N. Rosh REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1931

17. I HEREBY CERTIFY That I attended deceased from Dec 16, 1931 to Dec 19, 1931 that I last saw her alive on Dec 19, 1931, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
encephalitis

933  
11 13  
75 P (duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Influenza - Chronic myocarditis (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, no

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam  
(Signed) L. L. Johnson, M. D.

Dec 19, 1931 (Address) California 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 Marseau Cemetery DATE OF BURIAL Dec 20 1931

20. UNDERTAKER J. E. Richard ADDRESS Kepton 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.

