

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

Do not use this space.

15084

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City, St. Louis (No. City Hosp # 1)..... St. Ward)

File No.
Registered No. 4297.....

2. FULL NAME

Earl Moore
(a) Residence, No. 1831 M^o Tully St., 23 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mae Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-22-1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
37 | 3 | 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. @ St. A.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Flat River
(STATE OR COUNTRY) Missouri

MOTHER FATHER
13. NAME Henry Moore
14. BIRTHPLACE (CITY OR TOWN) Flat River
(STATE OR COUNTRY) Missouri
15. MAIDEN NAME Ida Mae Cundiff
16. BIRTHPLACE (CITY OR TOWN) Flat River
(STATE OR COUNTRY) Missouri

17. INFORMANT Mae Moore
(ADDRESS) 1831 M^o Tully

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat River Mo DATE Apr-30-1934

19. UNDERTAKER J. St. M^o Laughlin
(ADDRESS) 1631 Mississippi Ave

20. FILED J. H. Beedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-27-1934
22. I HEREBY CERTIFY, That I attended deceased from 4/22/34, 1934, to 4/25, 1934.
I last saw him alive on 4/25/34, 1934. Death is said to have occurred on the date stated above, at 9 A. m.

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

Lobar pneumonia

Date of onset

4/23/34

Other contributory causes of importance:

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? no

If so, specify.....

(Signed) R. Berg, M. D.

(Address) 2253 Nebraska

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.

