

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

20999

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 5270
 City St. Louis (No. 3769 Cook Ave) St. Ward.....

2. FULL NAME

Charles Moore Jr
 (a) Residence. No. 3769 Cook Ave St. Ward.....
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Bessie Moore</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 10 1894</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>14</u>
	Days <u>14</u>	
	If LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Electrician</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer <u>Charles Moton</u>		

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Ga

PARENTS	10. NAME OF FATHER <u>Charles Moore Sr</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ga</u>
	12. MAIDEN NAME OF MOTHER <u>Lannah Martin</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ga</u>

14. INFORMANT Bessie Moore
 (Address) 3769 Cook Ave

15. FILED..... 19. May 6 19. Starkloff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 5-24 1920
 16. I HEREBY CERTIFY, That I attended deceased from May 23, 1920, to May 24, 1920, that I last saw him alive on May 24, 1920, and that death occurred, on the date stated above, at 11:40 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phthisis Pulmonalis
 (duration) 3 yrs. 3 mos. 3 ds.
 CONTRIBUTORY (SECONDARY) Pulmonary congestion
 (duration) 7 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF —
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W.H. Mansifree, M. D.
5/25 1920 (Address) 4179 W. Belle Pl
 *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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Ga DATE OF BURIAL 5-26 1920
 20. UNDERTAKER W.M. Green ADDRESS 2635 Market

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

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.

