

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

Do not use this space.  
 13304

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City..... *St. Louis*

Registration District No. *791*  
 Primary Registration District No. *1003*  
 (No. *4338<sup>5</sup> Warne Ave.*)

File No.....  
 Registered No. *3621*  
 St. .... Ward.....

**2. FULL NAME**

(a) Residence. No. *4338<sup>5</sup> Warne Ave.* St. *10* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 8, 1873*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
*54 | 8 | 0*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Paralyzed from Birth*  
 (b) General nature of industry, business, or establishment in which employed (or employer) *Unable to work*  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Delaware*  
 (STATE OR COUNTRY) *Ill*

10. NAME OF FATHER *William W. Moore*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Dublin*  
 (STATE OR COUNTRY) *Ohio*

12. MAIDEN NAME OF MOTHER *Mary C. Webster*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Pathway*  
 (STATE OR COUNTRY) *Ill*

14. INFORMANT *Mrs. Mary C. Moore*  
 (Address) *4338 Warne Ave*

15. FILED *May 6 1907*  
*Marb Starkeoff*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr. 19 1907*

17. I HEREBY CERTIFY That I attended deceased from *Dec 5* 19*76* to *April 13<sup>th</sup>* 19*07* that I last saw him alive on *Apr 13<sup>th</sup>* 19*07*, and that death occurred, on the date stated above, at *1030 A.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Sarcoma of Esophagus*

*4 1/2* (duration) yrs. mos. *8* da.

CONTRIBUTORY (SECONDARY) *None*

(duration) yrs. mos. da.

**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 *Clinical & X-Ray*  
 (Signed) *J. J. Smith M.D.*

, 19 (Address) *5850 Highland*

\*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 *Valhalla* DATE OF BURIAL *Apr 16 1907*

20. UNDERTAKER *Math. Hermann & Son* ADDRESS *4102<sup>1/2</sup> West*

*Flourissant Cir.*

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.

WITH OUTFADING INK—THIS IS A PERMANENT RECORD

