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.

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

Do not use this space.

35582

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10772

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. #31 Westmorland Pl St. ..... Ward)

2. FULL NAME Margaret Moore

(a) Residence. No. ..... St., 12 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Unknown 1855

7. AGE: abt. 72 YEARS MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Ann Moore (nee)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Chas J Carroll
(Address) 1500 Helen St

15. FILED DEC - 1 1927 Max C Starkloff
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30 1927

17. I HEREBY CERTIFY, That I attended deceased from 24th Nov. 1927, to Nov. 30, 1927, that I last saw her alive on Nov. 29, 1927, and that death occurred, on the date stated above, at 6 10 a m.

108 106A 112 THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia Fever Labor

101 A

(duration) ..... yrs. ..... mos. 6 ds.

Acute Bronchitis & Asthma

CONTRIBUTORY (SECONDARY) .....

non Tubercular (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Hourselow

(Signed) J. P. Doraghan, M. D

Nov. 30, 1927 (Address) 2806 N. Grand Av.

*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: Calvary
DATE OF BURIAL: 12-2 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St