

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

Do not use this space.

18410

1. PLACE OF DEATH

County St. Louis Registration District No. 1160 File No. 56
 Township Central Primary Registration District No. 4470 Registered No. _____
 City University City No. 6346 Etzel St. _____ Ward _____

2. FULL NAME

Narvey Marion Moore
 (a) Residence No. 6346 Etzel St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-26-1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
91 | 3 | 10 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Craig Mo
 (STATE OR COUNTRY) _____

10. NAME OF FATHER David Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Sarah Hutton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
 (STATE OR COUNTRY) _____

14. INFORMANT David Moore
 (Address) 6346 Etzel

15. FILED 5-7-28 William Brown REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1928 to May 6, 1928
 that I last saw him alive on May 5, 1928, and that death occurred, on the date stated above, at 10:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11B (duration) _____ yrs. _____ mos. 8 ds.
 CONTRIBUTORY arteriosclerosis
 (SECONDARY) (duration) 3 yrs. _____ mos. _____ 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) M. D. Jennings, M. D.

May 7, 1928 (Address) 4101 Washington Blvd.

*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 DATE OF BURIAL

Troy Mo May 8 1928

20. UNDERTAKER ADDRESS

Drehmann Funeral 1905 Union

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.

9-10 a Tue. 1 |
4101 Washington ave

Line 1485