

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

**791'**

**19408**

Township.....

Primary Registration District No.....

**1003**

File No.....

Registered No. **15849**

City.....

**St. Louis, Mo. No. The Baptist Sanitarium, St. (Ward)**

**2. FULL NAME**

**Annie Ruth Moore**

(a) Residence. No. **6441 Dale** St. **4** Ward.

(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**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar-22-1911**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**17 | 2 | 8 |**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**Student**

(b) General nature of industry, business, or establishment in which employed (or employer)

**No Business**

(c) Name of employer

**College**

**9. BIRTHPLACE (CITY OR TOWN)**

**Wayne Co Mo.**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**James R. Moore**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**Wayne Co Mo.**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**Mary E. Dees**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**Wayne Co Mo.**

(STATE OR COUNTRY)

PARENTS

14. INFORMANT **James R. Moore**

(Address)

**6441 Dale**

15.

FILED

**31**

**1922**

**May C. Starkey**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 30 1928**

17. I HEREBY CERTIFY That I attended deceased from **May 20** 1928, to **May 29** 1928 that I last saw her alive on **May 28** 1928 and that death occurred, on the date stated above, at **12:10 a.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Acute Parenchymatous nephritis 11/13**

**Influenza and Pneumonia 13/11**

CONTRIBUTORY (SECONDARY) **Influenza and Pneumonia 10 da.**

**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? **Urinalysis**

(Signed)

**G. M. Atkins M. D.**

(Address) **3012 Lafayette**

\*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

**Valhalla Cemetery**

**6-1-1928**

**20. UNDERTAKER**

ADDRESS

**Petty Bros. 3029 Lafayette**

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.

STATE OF MISSOURI, WITH CHANGING INSTRUMENTS IS A PERMANENT RECORD

