

NOTE: 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.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003City St. Louis, Mo. (No. 4239 Castleman)File No. 22330Registered No. 6516St. SL Ward ()**2. FULL NAME**(a) Residence. No. 439 Castleman Ave. 17 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)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF
(OR) WIFE OFSamuel R. Moore**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**June 11th 1846**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.8207**8. OCCUPATION OF DECEASED**(a) Trade, profession, or
particular kind of workAt Home(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)Hardy County

(STATE OR COUNTRY)

W. Virginia**10. NAME OF FATHER**James Miller**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Virginia**12. MAIDEN NAME OF MOTHER**Annah Fisher**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Virginia**14.**INFORMANT
(Address)Judge Wm. G. Moore
4239 Castleman Ave.**15.**FILED
JUN 21 1923May C. Stanley
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 18th 1928**17.**I HEREBY CERTIFY That I attended deceased from
May 20th 1928, to June 17th 1928
and I last saw alive on June 16th 1928, and that
death occurred, on the date stated above, at P. M.**THE CAUSE OF DEATH* WAS AS FOLLOWS:**Arteriosclerosis**CONTRIBUTORY
(SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. E. Sheets
6/20, 1928 (Address) 43004 Monroeville*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**Pacific, Mo.June 21st 1928**20. UNDERTAKER**C. R. Lipton**ADDRESS**4449
Oliver

4359 Choulo-~~am~~

961 Skinner - 7660 **Pal**

1-2-4300 = Manchester