

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

Do not use this space.

25452

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Priority Registration District No. MOCCB File No.
 City St. Louis, St. Lukes Hospital Registered No. 7265 (Ward)

2. FULL NAME

Etha Lynn Moore
 (a) Residence. No. #4553 Forest Park Blvd. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George V. Moore.
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16th 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53. 10. 25.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.
 (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)

Hannibal, Mo.

10. NAME OF FATHER

Benj. O. Stevens

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

Missouri

12. MAIDEN NAME OF MOTHER

Hattie E. McLeod

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

Virginia

14.

INFORMANT (Address)

Geo. V. Moore, #4553 Forest Park Blvd.

15.

FILED

Aug 12 1928

Wm C Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11th 1928
 17. I HEREBY CERTIFY That I attended deceased from July 7th 1928 to July 11th 1928 that I last saw h. or alive on July 11th 1928 and that death occurred, on the date stated above, at 9:30 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu - (Paralytic)
12211
10223

CONTRIBUTORY (SECONDARY) Strabismic Astopia (duration) yrs. mos. da.
General (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? At Home
 IF NOT AT PLACE OF DEATH, DATE OF OPERATION PRECEDE DEATH. July 7th 1928
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED EACH TEST? (Signature) H. Arnold, M. D.
 (Address) St. Louis

*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

Hannibal, Mo.

7-14-1928

20. UNDERTAKER

C. R. Rupton
 ADDRESS 449 Clear Street

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.

1202

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