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

Do not use this space.

3353

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township — Primary Registration District No. 14471 — Registered No. 1
City Webster Groves (No. 22 Jefferson Bks Rd St. Ward)

2. FULL NAME David P Moore
(a) Residence. No. 22 Jefferson St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Meddie B Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25-1845

7. AGE: 83 Years — 3 Months — 9 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): 20 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bell center
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): —
12. MAIDEN NAME OF MOTHER: — (Pole)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY)

14. INFORMANT: Beulah M. Jesse
(Address) Webster Groves

15. FILED 1-4 1929 Arthur H Westing for Elsie Henson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 3rd 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1929, to Jan 3rd 1929, that I last saw him alive on Jan 3rd 1929, and that death occurred, on the date stated above, at 11 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
(Heart failure)
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Senality
(duration) 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? Physical Exam
(Signed) Wm Alexander M.D
, 19 (Address) Webster Groves

*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: Mexico Mo — DATE OF BURIAL: Jan 6 1929

20. UNDERTAKER: Parker Und Co — ADDRESS: Webster Groves

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.

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