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

Do not use this space. 7848

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No.
Township — Primary Registration District No. 4471 — Registered No. 27
City Webster Groves (No. 620 Clark ave St. Ward)

2. FULL NAME James Harvey Moore
(a) Residence. No. 620 Clark ave St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred about 6 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

MAR 27 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Annie M Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 - 1867

7. AGE: Years 61 — Months 4 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Elevator Man
(b) General nature of industry, business, or establishment in which employed (or employer): at Floor Mill
(c) Name of employer: —

232

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

2

PARENTS

10. NAME OF FATHER: Wm Moore

2

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

12. MAIDEN NAME OF MOTHER: Ellen T Gilliland

2

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

14. INFORMANT: W P Moore
(Address) 4225 Maryland Ave St Louis MO

15. FILED 2-6, 1929 Arthur W Westrup REGISTRAR per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1923, to Feb. 6, 1929, that I last saw him alive on Feb. 3, 1929, and that death occurred, on the date stated above, at 5 00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
82A (Recurrent)
97
(duration) 5 yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY) General Arteriosclerosis
(duration) 10 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) Theodore P Brookes, M. D
2/6, 1929 (Address) 1650 S. Grand

*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: Stanford Ky.
DATE OF BURIAL: Feb 6 1929

20. UNDERTAKER: Parker Und Co
ADDRESS: Webster Groves

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

Do not use this space. 7848

1. PLACE OF DEATH
County: St Louis — Registration District No.: 1788
Township: — Primary Registration District No.: 1471
City: Webster Groves (No. 620 Clark ave St. Ward)
File No.: — Registered No.: 27

2. FULL NAME: James Harvey Moore
(a) Residence. No. 620 Clark ave St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: about 6 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): Widower

5a. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~OR WIFE OF~~: Annie M Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 27 1861

7. AGE Years	Months	Days	If less than 1 day, hrs. or min.
XXXXX XXXXX 67	4	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Elevator Man
(b) General nature of industry, business, or establishment in which employed (or employer): at Flour Mill
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

PARENTS

10. NAME OF FATHER: Jno Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Ellen T Gillilan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Paducah Kentucky

14. INFORMANT: A P Moore
(Address) 4225 Maryland Ave St Louis MO.

15. FILED Feb 6, 1929. Arthur F Mattingly, Registrar, per Elsie Hendon

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1923, to Feb 6, 1929, that I last saw him alive on Feb 3, 1929, and that death occurred, on the date stated above, at 3:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
82A (Recurrent)
97

(duration) 5 yrs. 9 mos. — ds.

CONTRIBUTORY (SECONDARY): General Cerebral Sclerosis
(duration) 10 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? —

#6&7 corrected by aff. of informant. 11-4-68 Marriage record.

(Signed) Theodore P. Brooks, M. D.
2/6, 1929 (Address) 6610 S. Broad

*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: Stanford Ky.
DATE OF BURIAL: Feb 6 1929

20. UNDERTAKER: Parker Ind Co
ADDRESS: Webster Groves

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