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

Do not use this space.

8782

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 2456

Township ..... Primary Registration District No. ..... Registered No. 2456

City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Gladys Moore

(a) Residence. No. Valley Park Mo St., 11 Ward. Valley Park Mo

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 10-1907

7. AGE: Years 21 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(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): Missouri

PARENTS

10. NAME OF FATHER: William Light

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

12. MAIDEN NAME OF MOTHER: Myrtle Massey

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

14. INFORMANT: Cleve Moore

(Address) Valley Park Mo

15. FILED FEB 23 1929 Max C Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929, to Feb. 23, 1929 that I last saw her alive on Feb. 23, 1929, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Suprarenal Glands

31

1334 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Pyelonephritis

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Valley Park, Mo.

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) A. R. Shreffler, M. D

2/23, 1929 (Address) 1021 Missouri Bldg

*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: Massedona Cemetery

DATE OF BURIAL: Feb 25 1929

20. UNDERTAKER: Louis H Bopp

ADDRESS: Kirkwood Mo.

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.