

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

Do not use this space.

18426

2173

1. PLACE OF DEATH

County Jackson Registration District No. 309

Township 4th Primary Registration District No. 1002

City St. Louis (No. Missouri Precinct - Milwaukee Precinct) (Ward)

File No. 2173

Registered No. 2173

2. FULL NAME Mary Moore

(a) Residence. No. 511 Washington Ward. 1

(Usual place of abode)

(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 Fe

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 35 7

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) Wnk

(STATE OR COUNTRY)

10. NAME OF FATHER Wnk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wnk

(STATE OR COUNTRY)

14. INFORMANT Records - Watkins  
(Address) K. G. Mo

15. FILED 5/31/29 M. M. Crowe REGISTRAR  
ant.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-23-1929

17. I HEREBY CERTIFY, That I attended deceased from 5-23-1929 to 5-23-1929, and that I last saw him alive on 5-23-1929, and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

183  
Drowning  
(in Mo. Precinct of Milwaukee Precinct)  
CONTRIBUTORY (SECONDARY) (budget) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Inspector

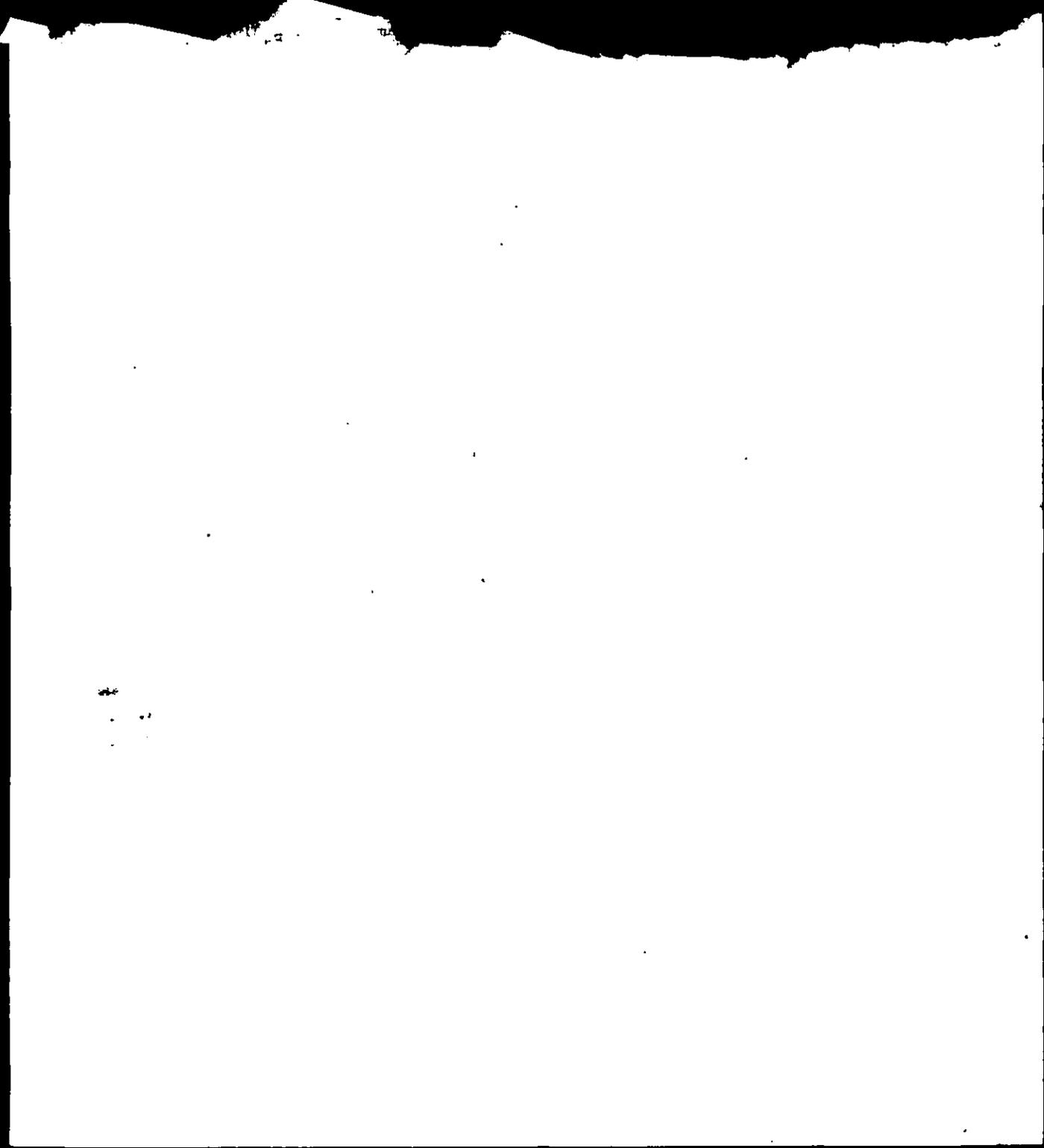
(Signed) R. W. [Signature] M. D.

21. (Address) St. Louis, Mo.

\*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 Blue Ridge Town DATE OF BURIAL 5/31/1929

20. UNDERTAKER Watkins Bros ADDRESS 1729 Lydia





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