

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

Do not use this space.

28793

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Webster Groves

Primary Registration District No. 1171

City Webster Groves (No. 716)

Greeley

File No. _____

Registered No. 178

St. _____ Ward _____

2. FULL NAME

Susan Jane Moir

(a) Residence. No. 716 Greeley St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 17 - 1915</u>					
7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>13</u>	<u>9</u>	<u>6</u>		

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Robert D. Moir

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

12. MAIDEN NAME OF MOTHER Maud Campbell

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

14. INFORMANT E. K. Riessig Sr.
(Address) 2160 Lawrence mo.

15. FILED 8-24-29 Arthur W. Williams REGISTRAR
per Elsie Nelson

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1929, to Aug 23 1929, that I last saw h. or alive on Aug 23 1929, and that death occurred, on the date stated above, at 3:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbuncle upper lip Right
acute pyemia

15 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (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? _____ (Signed) P. J. Paugh M. D.
(Address) 1144 N. Euclid

*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 St. Francis (Masonic Cem) DATE OF BURIAL Aug 25 1929

20. UNDERTAKER Parker Undertaking 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

97
25 SEP 26 1929

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