

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

Do not use this space.

35092

File No. _____
Registered No. 9811
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 191
Township _____ Primary Registration District No. 1003
City St. Louis mo (No. American Hospital)

2. FULL NAME Anna A. Moore

(a) Residence. No. 348 N. Newstead St., 19 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-16-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>1</u>	<u>8</u>	

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) Jefferson City mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Dunscomb

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

12. MAIDEN NAME OF MOTHER Elizabeth Cooney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson City mo
(STATE OR COUNTRY)

14. INFORMANT Mary Lee
(Address) 348 N. Newstead

15. UC1 - 1 1929 Max B. Stackloff
FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from March 23rd, 1929, to Oct. 4, 1929 that I last saw her alive on October 4, 1929, and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Complications Secondary
with Diabetes
59 Mellites
162 (duration) 10 yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellites (duration) 2 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? Chemical
(Signed) N. S. Hayes, M.D.
(Address) 2800 N. Taylor

*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 Jefferson City mo DATE OF BURIAL 10-5-1929

20. UNDERTAKER McLaughlin ADDRESS 1631 mo ave

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.

