

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

Do not use this space.

38243

1. PLACE OF DEATH

County St. Louis
Township _____
City Kirkwood (No. 211 E. Jefferson Ave)

Registration District No. 7.85
Primary Registration District No. 3037

File No. _____
Registered No. 184 St. _____ (d)

2. FULL NAME Fannie B. Moore

(a) Residence. No. 211 E. Jefferson Ave St. _____ 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 John R. Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 20 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 11

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Daniel B. West

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

12. MAIDEN NAME OF MOTHER Janie M. Hayes

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

14. INFORMANT Louis D. Moore
(Address) 211 E. Jefferson Ave Kirkwood

15. FILED 12/19 1929 E. G. Barnett U.S.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Nov 1st, 1929, that I last saw her alive on Oct. 31st, 1929, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinomatous Primary of right kidney
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

250 (duration) _____ yrs. mos. ds.
350

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy

(Signed) W. Calaway B. M.D. M. D.

Nov. 1, 1929 (Address) Webster St

*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 Big Creek Church Cemetery DATE OF BURIAL Nov. 3 1929
Kirks. Co. Mo.

20. UNDERTAKER Louis H Bopp ADDRESS Kirkwood

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.

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