

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

Do not use this space.

6202

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township Grandchase Primary Registration District No. 6030  
 City No. #25 Fair Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 25 Fair Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1926  
 7. AGE YEARS 3 MONTHS 7 DAYS 13  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. None  
 (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

10. NAME OF FATHER Chaunce Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) S. Carolina  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Marie unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) S. Carolina  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Marie Moore  
 (Address) 4 Kenloch Park, Mo.

15. FILED 3/3/30 O. T. Schulte, M.D.  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19-1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1930, to Feb 19th, 1930, that I last saw him alive on Feb 19th, 1930, and that death occurred, on the date stated above, at 1:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza  
17A  
107A

(duration) yrs. mos. 10 ds.  
 CONTRIBUTORY (SECONDARY) Bronchial Pneumonia  
na  
 (duration) yrs. mos. 7 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? Clinical  
 (Signed) Roy Johnson, M. D.  
 (Address) Ferguson, 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 Washington Park Cemetery DATE OF BURIAL Feb 29 1930

20. UNDERTAKER Latte Turner ADDRESS 4107 Limy

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.

