

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

Do not use this space.

14241

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 110003
City..... St. Louis, Mo. No. City Hospital # 2

File No.
Registered No. 3579
St. Ward) ..

2. FULL NAME

David Moore
(a) Residence. No. 4356 Easton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-15-1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work nil
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

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

10. NAME OF FATHER Marcellus Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lily Shines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

14. INFORMANT A. Kestrel Creath
(Address) City Hosp # 2

15. FILED APR 10 1930
REGISTRAR Mark K. Starker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-8-1930
17. 4-7-1930 to 4-8-1930
I HEREBY CERTIFY, That I attended deceased from to
that I last saw him alive on 4-8-1930 and that death occurred, on the date stated above, at 6:30 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
Primary
107A (duration) - yrs - mos 10 ds.
CONTRIBUTORY (SECONDARY) 107A (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? clinical
(Signed) A. E. Hale M. D.
4/8/1930 (Address) City Hosp # 2
*State the DISEASE CAUSING DEATH, if 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 DATE OF BURIAL
Washington Park Cem 4-10-1930
20. UNDERTAKER ADDRESS Peoples Und. Co Franklin Ave

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

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.

