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

Do not use this space.

3787

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1 [illegible]

City St Louis (No. 3946 West Belle Pl St. ..... Ward)

File No. .....

Registered No. 1030

2. FULL NAME Ezelia Moore

(a) Residence. No. 3946 W. Belle Pl. St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Col	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	2	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 235

(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) Miss. 2

PARENTS

10. NAME OF FATHER Larkin Holston

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

12. MAIDEN NAME OF MOTHER Melinda Unknown

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

14. INFORMANT Miss Daisy Westbrook
(Address) 3946 W. Belle Pl.

15. FILED JAN 26 1931 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/25 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931 to Jan 25, 1931 that I last saw her alive on Jan 24, 1931 and that death occurred, on the date stated above, at 2:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas of Face
non Traumatic cause unknown
15B (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) 15 (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) W. H. A. Barnett M. D.

1/26, 1931 (Address) 4 W. Earl St. St Louis, 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	DATE OF BURIAL
Washington Park	1/27 1931
20. UNDERTAKER	**ADDRESS**
R. M. C. Green	3517 Laclede ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.