

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

Do not use this space.

8038

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 811 SO 2281)

File No.
Registered No. 2410
St. Ward)

2. FULL NAME

(a) Residence. No. 811 SO 22 St., 22 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 <u>male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Birtude Moore</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar-8-1879</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>51</u>	<u>11</u>	<u>7</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Laborer 233</u> (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

PARENTS	10. NAME OF FATHER <u>George Moore</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Julia Watson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Birtude Moore
(Address) 811 SO 22

15. FILED FEB 23 1931 Ray C. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13-1931

17. I HEREBY CERTIFY, That I attended deceased from February 12, 1931, to Feb 15, 1931, that I last saw him alive on February 14, 1931, and that death occurred, on the date stated above, at 10:29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tobacco pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED 108
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Physical examination
(Signed) John Paul Nemours M. D.
Feb 21, 1931 (Address) 3143 Franklin Ave.

*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 <u>Forest Lawn</u>	DATE OF BURIAL <u>2-23-1931</u>
20. UMBERTAKER <u>W. C. ...</u>	ADDRESS <u>4202 ...</u>

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.

