

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

Do not use this space.

39796

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. (No. Barnes Hopt.)

File No. _____
Registered No. 12087
St. _____ Ward _____

2. FULL NAME

John Moore
(a) Residence, No. 21829 1/2 Beadle St., 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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>Louise Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20, 1905</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bus Boy</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Washington Post, 4-15 N. Broadway</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
FATHER	13. NAME <u>Robert Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MOTHER'S NAME <u>Annie Moore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Louise Moore</u> (ADDRESS) <u>1829 1/2 Beadle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manassas Ark.</u> DATE <u>12-4</u> 19 <u>31</u>		
19. UNDERTAKER <u>Frank Jones</u> (ADDRESS) <u>3129 E. Grand</u>		
20. FILED <u>DEC - 4 1931</u>	REGISTRAR <u>W. C. STARK</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-19 to 11-28 1931

I last saw him alive on 11-28, 1931. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:
Rheumatic Heart Disease
Acute insufficiency
Cardiac Hypertrophy
Pulmonary Infarct

Date of onset _____

Other contributory causes of importance:
97A
95B
111C

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) James E. Pittman, M. D.
(Address) Barnes Hospital

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.

