

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

Do not use this space.

6340

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1000
City..... (No. Amos Hill) St. Ward.....

File No.
Registered No. 1372
St. Ward.....

2. FULL NAME

Charles Moore
(a) Residence. No. Morell St., 12 Ward, Moselle Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1869, 8, 28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 5 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Supervisor in l.
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer St. Louis to San Francisco RR

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER W. R. Moore

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

12. MAIDEN NAME OF MOTHER Mary Harding

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

14. INFORMANT wife Alice Moore
(Address) Moselle Mo.

15. FILED 11 1932 W. C. Harding
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-4, 1932, to 2-10, 1932, that I last saw him alive on 2-10, 1932, and that death occurred, on the date stated above, at 2⁰⁰ P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis & decompensation
& Chronic
930
930 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic cardiac asthma
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Moselle Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no (1)

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. P. Mason Jr., M. D.
2-10, 1932 (Address) 496 S. 4th 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 Moselle Mo. DATE OF BURIAL Feb 12 1932

20. UNDERTAKER Robert J. Ambrosten ADDRESS 6635 Clayton Rd.

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.

