

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.

MAY 28 1932

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

Do not use this space.

13815

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789  
Township Central Primary Registration District No. 6033B  
City St. Louis (No. 860, Conway rd) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Sarah Jane Moore  
(a) Residence, No. 865 Conway rd St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel T. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1848

7. AGE YEARS 83 MONTHS 6 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Jan 16 1929 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Athens ?  
Illinois

13. NAME John Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co.  
Illinois

15. MAIDEN NAME Rebecca Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co.  
Illinois

17. INFORMANT (ADDRESS) Margaret McInnis  
St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DuBois 220 DATE April 21 1932

19. UNDERTAKER (ADDRESS) Schroeder Und.  
Quincy Ill

20. FILED 7/20 1932 Jella Bray M.D.  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1932 to April 19 1932  
I last saw her alive on April 18 1932. Death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of left side of face  
152 52  
142 52  
Other contributory causes of importance: Senility (D)  
Date of onset \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical findings Was there an autopsy? No

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) Paul R. Permett, M. D.  
(Address) 1356 Warner

