

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

Do not use this space.

21597

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1002
City, Saint Louis, Mo. (No.)

File No.
Registered No. 6575 Ward) St.

2. FULL NAME

Infant Moore "B"
(a) Residence, No. 1325 N. Garrison St. M Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17-1930</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | DAYS |
| | | If LESS than 1 day, <u>5</u> hrs. or <u>5</u> min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 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>St. Louis Mo.</u> | | |
| MOTHER | 13. NAME <u>George Moore</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hopkinsville Ky.</u> | |
| | 15. MAIDEN NAME <u>Frankie Thurnad</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hopkinsville Ky.</u> | |
| 17. INFORMANT <u>George Moore</u> (ADDRESS) <u>1325 N. Garrison</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Specimen</u> DATE <u>7-18</u> 19 <u>32</u> | | |
| 19. UNDERTAKER <u>Washington U. High school</u> (ADDRESS) <u>1716 1/2 N. 11th St. St. Louis</u> | | |
| 20. FILED 19 <u>32</u> <u>W. C. Hartley</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1932

2. I HEREBY CERTIFY, That I attended deceased from June 22, 1932, to June 23, 1932. I last saw h. or alive on June 23, 1932. Death is said to have occurred on the date stated above, at 4:45 a.m. The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

159

Other contributory causes of importance: 159 ✓

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) H. Kleine, M. D. (Address) 639 S. Kings Highway

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.

