

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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 289
Primary Registration District No. 6033B
(No. 6346 Etzel Ave)

File No. 17691
Registered No. 160
St. _____ Ward _____

2. FULL NAME

David Yerley Moore
(a) Residence, No. 6346 Etzel Ave St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Martha Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1921
11. Total time (years) spent in this occupation 31

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 26, 1933
I last saw him alive on May 25, 1933. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic bronchitis, not tubercular Date of onset 1920
151B 106B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Mo
13. NAME Harvey Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Mo
15. MAIDEN NAME Mary Ellen Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Mo
17. INFORMANT (ADDRESS) Martha Moore 6346 Etzel Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Gray Mo DATE May 28, 1933
19. UNDERTAKER (ADDRESS) Rehmann, Haral 1905 Union Blvd
20. FILED 6/27/1933 Willa Gray H. D. Registrar.

Name of operation no 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 no
(Signed) M. D. Jennings M. D.
(Address) 4101 Washington Blvd,

NA Jimmy
4101 Washington

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