

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

ISOLATION HOSPITAL 791

Do not use this space.

31226

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. 1005  
City St Louis 9th (No. ....) St. .... Ward)

File No. ....  
Registered No. 7923  
St. .... Ward)

2. FULL NAME Anna Moore

(a) Residence, No. 1403 N. 13th St. 25 Ward.

(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 Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Napoleon Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
26 6 28

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

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) Mississippi

13. NAME Willie Wiley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Lena Dumas (ADDRESS) Isolation Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE East St Louis DATE Sept 12, 33

19. UNDERTAKER J. J. Amable (ADDRESS) East St Louis

20. FILED 23 11 19 J. H. Redick Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 29, 1932, to Sept 8, 1933.  
I last saw her alive on Sept. 8, 1933. Death is said to have occurred on the date stated above, at 5:45 P. M.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset 1931

23A  
23  
Other contributory causes of importance 9th of ptosis Aug. 1933

Name of operation none Date of .....  
What test confirmed diagnosis? specimen Was there an autopsy? none

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) Henry J. Ullrich, M. D. (Address) .....

ISOLATION HOSPITAL

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. OCT 20 1933

