

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

Do not use this space.

1. PLACE OF DEATH

City St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B
 City Jefferson Barracks, Mo. (No. Veterans' Administration Facility) St. _____ Ward _____

File No. 27822
 Registered No. 825

2. FULL NAME Eugene W. Moore

(a) Residence, No. 2124 Portis Ave., St. Louis, Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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.

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 MRS. Ruth Moore (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
36 9 27

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

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

10. Date deceased last worked at this occupation (month and year) July 1, 1933 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME William T. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Sterling, Ills. Illinois

15. MAIDEN NAME Emma Gartrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT C. H. Smith, M.D., Clinical Director (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov 30 1933

19. UNDERTAKER Thos J. Finney (ADDRESS) 1019 So Grand Blvd

20. FILED Nov 27 1933 W. J. McMillan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27 1933

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1933, to November 27, 1933

I last saw him alive on November 27, 1933 Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Corcinoma of Lungs

Date of onset Unkn.

Other contributory causes of impo None

Name of operation None Date of _____
Clinical Laboratory & X-ray
 What test confirmed diagnosis? _____ 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) W. C. Gibson M. D.

(Address) Vets. Adm. Fac., Jefferson Barracks, Mo.

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.

