WHITE 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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2936

Township ..... Primary Registration District No. 1003 Registered No. 581

City St Louis (No. 2361 Tower Grove Ave St. ..... Ward)

2. FULL NAME Emma Hall Moore

(a) Residence, No. 2361 Tower Grove Ave St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 George T. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3rd 1870

7. AGE 63 YEARS — MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Baxter Springs Kansas

FATHER
13. NAME Truman Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casnovia N.Y.

MOTHER
15. MAIDEN NAME Harriet Butler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Indiana

17. INFORMANT (ADDRESS) George T. Moore 2361 Tower Grove Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bible Fontaine DATE Jan. 17 1934

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co 3621 Olive St.

20. FILED [illegible] 16 1934 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1933, to Jan 15, 1934

I last saw her alive on Jan 12, 1934. Death is said to have occurred on the date stated above, at 2 45 A.m.

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

Carcinoma mesenteric glands with general metastases 466 — Date of onset Jan 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

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? no

If so, specify .....

(Signed) Anthony B. Day, M. D.

(Address) 1017 Beaumont Bldg.