WHITE PLANET, 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.

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

Do not use this space.

14339

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3511

City St. Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Fannie Moore.

(a) Residence, No. 306 Gratiot St., 22 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. D. Moore.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1869.

7. AGE YEARS 64 MONTHS 10 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Lawrence City. Alabama.

FATHER

13. NAME Chas House

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

MOTHER

15. MAIDEN NAME unknown.

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

17. INFORMANT (ADDRESS) Charles Cobb. 306 Gratiot.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Ill DATE 4/9 1934

19. UNDERTAKER (ADDRESS) A. McLaughlin 2301 La Fayette Ave.

20. FILED ..... 19 J. F. Bledick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934, to Apr. 6, 1934

I last saw her alive on Apr 5, 1934. Death is said to have occurred on the date stated above, at 3:25 A.M.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

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

What test confirmed diagnosis? none 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 DEMKO

(Signed) Frank Demko, M. D.

(Address) 1319 So. Broadway