

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.

OCT 11 1934

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

Do not use this space.

791  
1003

34276

1. PLACE OF DEATH

County .....  
Township .....  
City St Louis (No. ....)

Registration District No. ....  
Primary Registration District No. ....  
Sanitarium

File No. ....  
Registered No. 9068  
St. .... Ward)

2. FULL NAME

Clara Moore

(a) Residence, No. 1816 1/2 Franklin St., 21 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fontaine S. Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jun 6 - 1882</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>9</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeper</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Not known</u>	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934, to Sept 9, 1934.  
I last saw her alive on Sept 9, 1934. Death is said to have occurred on the date stated above, at 9:27 p.m.  
The principal cause of death and related causes of importance were as follows:

1. General paresis of the insane (Lued)  
2. Bilateral Pyelonephritis & pyelonephritis (acute) 8-1-34  
Date of onset 1932

Other contributory causes of importance:  
Cystitis

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

13. NAME Unknown

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

15. MAIDEN NAME Eva Duni

16. BIRTHPLACE (CITY OR TOWN) Belleme  
(STATE OR COUNTRY) Illinois

17. INFORMANT B. M. Murphy M.D.  
(ADDRESS) City Sanitarium

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcan's Sept 12, 1934

19. UNDERTAKER Donnell Noel Co  
(ADDRESS) 7818 W. 9th St

20. FILED Oct 11 1934  
J. Brebeck Registrar.

Name of operation none Date of operation

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) B. M. Murphy, M. D.  
(Address) City Sanitarium St Louis  
not

