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.

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

Do not use this space.

21276

JUN 21 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. 1212a N Whittier St. ..... Ward)

File No. .....

Registered No. 5211

2. FULL NAME John Thomas Moore

(a) Residence, No. 1212a N Whittier St., 11 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: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th 1892

7. AGE: YEARS 42 MONTHS 11 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St Louis Mo.

FATHER

13. NAME John Thomas Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

MOTHER

15. MAIDEN NAME Susie Brown

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

17. INFORMANT (ADDRESS) Violetta Gill 1212a N Whittier

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Greenwood DATE 6-16-35, 19

19. UNDERTAKER (ADDRESS) Garner & Love Undertaking Co, 3103 Washington Ave

20. FILED JUN 15 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 12, 1935

I last saw him alive on June 12, 1935. Death is said to have occurred on the date stated above, at 2:35 A.m.

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

	Date of onset
Pulmonary T. B.	6/1/34
23	
Other contributory causes of importance:	
Pulmonary Hemmorrage	6/9/35

Name of operation — Date of —

What test confirmed diagnosis? Lab. Xray. 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) Stephen Vezeau, M. D.

(Address) 3202 Park

100M-11-24-33