

DEC 12 1935

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

Do not use this space.

37536

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. Missouri Baptist Hosp) St. Ward

File No.
Registered No. **9524**
St. Ward

2. FULL NAME Rose E. Moore

(a) Residence, No. 4575 Oakland St. 18 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. 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

6A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF James F. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49. 9~~20~~ 28

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

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) Grandview, Texas13. NAME James Benson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi15. MAIDEN NAME Un Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known17. INFORMANT (ADDRESS) James E. Moore Sr
4575 Oakland18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakeview DATE Nov 15, 193519. UNDERTAKER (ADDRESS) W. D. Laughlin
2501 Lafayette20. FILED NOV 14 1935 J. K. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 1935

22. I HEREBY CERTIFY That I attended deceased from July 25, 1935, to November 17, 1935
I last saw her alive on November 12, 1935 Death is said to have occurred on the date stated above, at 9:35 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus
48

Other contributory causes of importance:

Carcinoma of Stomach
Rheumatoid Arthritis
Renal Effusion

Name of operation Date of

What test confirmed diagnosis? X-ray + Autopsy Was there an autopsy? No23. 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) P. D. Heusel(Address) 310 Wall St. St. Louis, M. D.

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.

Mrs Rose M. Green