FEB 24 1936

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

Do not use this space.

2821

1. PLACE OF DEATH
County Saint Louis — Registration District No. 189 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 29
City Elmwood (No. Chicago Avenue St. Ward)

2. FULL NAME Olivia Moore
(a) Residence, No. Chicago Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown, abt1882

7. AGE: YEARS About 53 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Saint Louis County Missouri

FATHER
13. NAME Elam Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Mississippi

MOTHER
15. MAIDEN NAME Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Mississippi

17. INFORMANT (ADDRESS) John Moore Elmwood, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 22, 1936

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney St. Louis, Missouri

20. FILED 1-22- 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to January 18, 1936
I last saw her alive on January 18th, 1936 Death is said to have occurred on the date stated above, at 8:05 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset

Other contributory causes of importance: [signature]

Name of operation None Date of
What test confirmed diagnosis? clinical 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) A. Leroy Reynolds, M. D.
(Address) 243 East Shady Avenue Webster Groves, Missouri.

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.