

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

Do not use this space.

**1. PLACE OF DEATH**

County Missouri Registration District No. 547  
 Township Madison Primary Registration District No. 3079  
 City Highway 36 (No.           ) St.            Ward           

File No. 23531  
 Registered No. 166

**2. FULL NAME**

(a) Residence, No. 6635 Bushy Lane St.            Ward Madison St. Louis Mo  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l. Housework  
 10. Date deceased last worked at this occupation (month and year) June - 1936 11. Total time (years) spent in this occupation           

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Virginia

13. NAME D. Daniel Daniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Novella Kemp

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

17. INFORMANT (ADDRESS) John D. Moore 6635 Bushy Lane St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Mo DATE July 1936

19. UNDERTAKER (ADDRESS) John M. Smith                      

20. FILED June 7 1936 W. C. Mosher Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1936

22. I HEREBY CERTIFY, That I attended deceased from           , 19          , to           , 19          .

I last saw            alive on           , 19          . Death is said to have occurred on the date stated above, at            m.

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

Internal injuries and lacerations of the brain received when car she was driving overturned.

Other contributory causes of importance:

Right leg injured. Right neck bruised.

Name of operation none Date of           

What test confirmed diagnosis?            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 June 7, 1936

Where did injury occur? Madison St. Louis Mo

Specify whether injury occurred in industry, in home, or in public place Public Place (Highway 36)

Manner of injury Car was overturned

Nature of injury Internal injuries and lacerations of brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify           

(Signed) Carl E. Schmidt M. D.

(Address) 1 Hamilton & Oro Crown Boeing Co. Mo.

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.

