

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

Do not use this space.

AUG 18 1936

791
1003

28951

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. Lutheran Hospital) St. Ward)

File No.....
 Registered No. 7720

2. FULL NAME Chesley Moore

(a) Residence, No. Linn, Mo. SU NR Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from July - 11, 1936, to July - 20, 1936
 Last saw him alive on July 20, 1936. Death is said to have occurred on the date stated above, at 6:45 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 18, 1868

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 67 9 15

Post operative shock.
Chronic myocarditis.
Infirmitates of old age

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

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.

Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo.

Name of operation Curatory punch Date of op. July 20, 1936
 What test confirmed diagnosis? Was there an autopsy? No

13. NAME Jesse Moore

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

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)

15. MAIDEN NAME Parilee Mears

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Dr. Edmond Bonnot
 (ADDRESS) 3635 Castleman Ave., St. Louis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Linn, Mo. DATE July 22, 1936

Manner of injury Nature of injury

19. UNDERTAKER Sam C. Mittelberg
 (ADDRESS) 6931 Tholozan Ave

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

20. FILED JUL 21 1936 J. A. Bredeck
 Registrar.

(Signed) Dr. J. A. O. Boyd, M. D.
 (Address) 3751 1/2 Gravois av

CAUSE OF DEATH IN PAIN TERMS, SO CERTIFICATE IS PROPERTY CLASSIFIED.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No.) St. Ward)

File No. 28951
 Registered No. 7720

2. FULL NAME

Chester Moore
 (a) Residence, No. Lincoln St., 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Wits the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 - -

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 19..

J. Bredeck
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 19 36

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

I last saw h..... 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:

Post operative shock
following Hypertrophy
of Prostate
 Date of onset

Other contributory causes of importance:

Name of operation Canterbury Punch Date of 7-20-36

What test confirmed diagnosis? Was there an autopsy?

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) J. A. O'Dowd M. D.

(Address) 3451 Kansas

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