

2013

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.

NOV 4 1936

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

Do not use this space.

39803  
50017

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City ST. LOUIS, Mo. (No. CITY HOSPITAL #2 St. 2 Ward 10871)

2. FULL NAME

CHARA MOORE  
(a) Residence, No. 2123 MARKET St., 21 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WM. MOORE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 6 1906</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>5</u>
	DAYS <u>18</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	
	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) <u>CARLYLE ILLINOIS</u>		
FATHER	13. NAME <u>WM. CHATMAN</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CARLYLE ILLINOIS</u>	
MOTHER	15. MAIDEN NAME <u>ELIZABETH BUSH</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CARLYLE ILLINOIS</u>	
17. INFORMANT (ADDRESS) <u>MAGGIE MITCHELL CARLYLE, ILL.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CARLYLE, ILL.</u> DATE <u>OCTOBER 30 1936</u>		
19. UNDERTAKER (ADDRESS) <u>ALBERT H. HOPPE INC 429 No. EUCLID</u>		
20. FILED <u>OCT 30 1936</u> <u>JF Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1936

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 4:30 A.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy (left side) (cause undetermined)  
Date of onset

Other contributory causes of importance: 8221

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? N O

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) [Signature], M. D.  
(Address) [Address]  
10/30/36

