

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

**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.....

Township.....

Primary Registration District No.....

City.....

File No.....

Registered No.....

St..... Ward.....

**2. FULL NAME**

(a) Residence. No..... 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**

*Female Col*

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

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

*Spouse*

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

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT

(Address)

**15.**

FILE NO.

**NOV 27 1936**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**17.**

I HEREBY CERTIFY That I attended deceased from 11-24-1936 to 11-24-1936 that I last saw him alive on 11-24-1936 and that death occurred, on the date stated above, at

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

*Subsidiary 2 1/2 Months Gestation*

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *M* DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*

(Signed) *J E Moore*, M. D

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

*Passed as debris*

**11-24-36**

**20. UNDERTAKER**

ADDRESS

*J E Moore M D*

*809 N Jefferson*

**19287**

**791**

**1003**

**11718**

**DEC 3 1936**

*St. Louis (No. 2702 N Newstead)*

*unnamed Young*

*2702 N Newstead St. 11 Ward.*

*11-24-36 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.*

*None*

*None*

*None*

*2702 N Newstead St. Louis, Missouri*

*William Young*

*Miss*

*Flora Campbell*

*Miss*

*William Young  
2702 North Newstead*

*J E Moore  
REGISTRAR*

*Unknown* (duration) yrs. mos. ds.

*Unknown* (duration) yrs. mos. ds.

*M* DATE OF.....

*No*

*clinical*

*J E Moore, M. D*

*11/25 19 36 (Address) 809 N Jefferson*

*Passed as debris*

**11-24-36**

*J E Moore M D  
809 N Jefferson*

11718  
11718