APR 27 1937

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

Do not use this space.

File No. 13564

Registered No. 124

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. ..., ... St. ... Ward)

2. FULL NAME Clemon C. MOORE

(a) Residence, No. 233 So. Beaumont Avenue St., ... Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 26, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
42	0	21	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Water Valley, (STATE OR COUNTRY) Mississippi.

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT Clinical Clerk M. Schilling (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 3/22 1937

19. UNDERTAKER Ellis Funeral Home. (ADDRESS) 2820 Stoddard St.

20. FILED Mar 19 1937 L Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1937

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1937, to March 17, 1937

I last saw him alive on March 17, 1937. Death is said to have occurred on the date stated above, at 1:45P m.

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

	Date of onset
MYOCARDITIS, chronic, congestive type of heart failure.	Unkn.

Other contributory causes of importance:

Arteriosclerosis, chronic, arterial hypertension.	Unkn.
Tbc, Pulmonary, chronic, obs. for activity.	Unkn.

Phy. clinical manif. and laboratory

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, 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) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, 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.