JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County St Louis, Registration District No. 784 File No. 21255
Township St Ferdinand. Primary Registration District No. 6030 Registered No. 105
City Jennings (No. Elms Home. 8 St. Ward)

2. FULL NAME John W. Moore.
(a) Residence, No. 3721 Salome. 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 Male.
4. COLOR OR RACE White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF The Late Martha E. Moore.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1857.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
80	1	26.	

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. Retired.
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) St Louis, Mo

FATHER
13. NAME John Moore.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Mrs. Elsie L. Hickman. 4254 Edgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Kirkwood Mo. DATE May 25, 1937.

19. UNDERTAKER (ADDRESS) Math Hermann & Son. 2161 East Fair Ave.

20. FILED May 25th 1937 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1937, to May 23 37
I last saw him alive on May 22, 1937. 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:

	Date of onset
Chr Myocarditis	?
93	
Other contributory causes of importance:	
Senility	1933

Name of operation ... Date of ...
What test confirmed diagnosis? cl 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) E. M. Schmidt, M. D.
(Address) 6704 W. Florissant

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.

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