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

JUL 8 - 1937

Do not use this space.

File No. 22377

Registered No. 6129

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo (No. St. Louis Childrens Hospital, St. ..... Ward)

2. FULL NAME Kenneth Allan Moore

(a) Residence, No. 7700 Stanford University City, St. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	Wht	XXX

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		13	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) XXXXX

11. Total time (years) spent in this occupation XXX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER

13. NAME Ewing Moore

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

MOTHER

15. MAIDEN NAME Jeanette Bloodworth

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

17. INFORMANT T. S. Westhoff
(ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE June 24, 1937

19. UNDERTAKER Alexander + Sons
(ADDRESS) 6675 Delmar

20. FILED JUN 24 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-20-1937, 19, to 6-23-1937, 19, I last saw him alive on June 23, 1937, 19. Death is said to have occurred on the date stated above, at 3:15PM.

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

	Date of onset
Prematurity	—
Bronchopneumonia	6-19-37

Other contributory causes of importance:

Name of operation — 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? NO
If so, specify .....

(Signed) Ralph N. Barlow, M. D.
(Address) 500 So. Kingshighway

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.