

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township CENTRAL
City Pine Lawn, Mo. (No. 101 Naylor Ave.)

Registration District No. 789
Primary Registration District No. 6033

File No. 24848
Registered No. 164
St. _____ Ward _____

2. FULL NAME Anna L. Moore

(a) Residence, No. 101 Naylor, Pine Lawn, Mo. Ward 6
(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 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
35 68 10 28

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

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) Andrian County Missouri
(STATE OR COUNTRY)

13. NAME David Beard

14. BIRTHPLACE (CITY OR TOWN) Andrian County Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Liza Wainscott

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

17. INFORMANT Leona Hansen
(ADDRESS) 2859 Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 6/10/37, 19

19. UNDERTAKER Edith E. Ambruster
(ADDRESS) 4334 Manchester av.

20. FILED 6-10-37 W. L. Baehner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1930 to June 6, 1937
I last saw her alive on June 6, 1937. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Date of onset

Mitral Regurgitation unknown

Other contributory causes of importance:

Arterio Sclerosis unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. P. H. H. H., M. D.

(Address) 5817 Garrison

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.

