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

Do not use this space.

35547

File No. 10615

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Harvey Moore

(a) Residence. No. 3545 Lawton St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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: Col.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1883

7. AGE: Years 45 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter
(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): Ala.

PARENTS

10. NAME OF FATHER: John Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ala.

12. MAIDEN NAME OF MOTHER: Sarah Lattimall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ala.

14. INFORMANT: Jenny F. Weyland
(Address) City Hospital #2

15. FILED OCT 29 1928 Mary C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-1928

17. I HEREBY CERTIFY, That I attended deceased from 9-28-, 1928, to 10-26-, 1928, that I last saw him alive on 10-26-, 1928, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23H 31
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Xray & Lab

(Signed) B. C. Cunningham, M. D.
, 19 (Address) 2545 Lawton

*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: Greenwood

DATE OF BURIAL: 10/30 1928

20. UNDERTAKER: Cicero Robert Kuhlmann

ADDRESS: 2035 Lucas

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.

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