

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1009**

File No. **26386**  
Registered No. **7619**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. **43389 Warme Ave** St. **10** 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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widow

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

William H. Moore

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

July 14, 1854

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

75 0 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **At Home**  
(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) **New Jersey**

10. NAME OF FATHER **Oliver D. Webster**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **New Jersey**

12. MAIDEN NAME OF MOTHER **Mat Knaborn**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **New Jersey**

14. INFORMANT (Address) **Wm. L. K. Coppage 43389 Warme Ave**

15. FILED **Jul 23 1929** **Max C. Stanley** REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 22 1929**

17. I HEREBY CERTIFY, That I attended deceased from **May 18 1929** to **July 22 1929** that I last saw him alive on **July 20 1929** and that death occurred, on the date stated above, at **3:45 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Pneumonia Toxop**  
**10 days 1929**  
**Erysipelas of face** (duration) yrs. mos. ds. **15 0 4**  
**from a Pimple not traumatic** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Erysipelas of face from a Pimple not traumatic**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**

(Signed) **N. A. Smith**, M. D.

, 19 (Address) **5830 Highland**

\*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 DATE OF BURIAL

**Valhalla** **July 24 1929**

20. UNDERTAKER ADDRESS

**Math. Hermany** **2161 E. Fairview**

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.

