APR 30 1930

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

Do not use this space.

10140

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township [redacted] — Primary Registration District No. 3242 E — Registered No. 89

City (No. Mt. St. Rose Hosp. St. Ward)

96 CARONDELET

2. FULL NAME Miss Nellie Moore

(a) Residence. No. St., Ward. East St. Louis Ill
(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)
F.	W.	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41		4	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Book-keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

251

9. BIRTHPLACE (CITY OR TOWN) East St Louis?
(STATE OR COUNTRY)

2

PARENTS

10. NAME OF FATHER Richard Moore

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

15

12. MAIDEN NAME OF MOTHER Nora Foley

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

2

14. INFORMANT N. Barnes
(Address) East St. Louis Ill

15. FILED Mar 25, 1930 L. C. Obrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-25 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/11/29, 19, to 3/25, 1930 that I last saw her alive on 3/25, 1930, and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bilateral Pulmonary Tuberculosis
23A
45

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculous enteritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X-ray, sputum sublimate smear

(Signed) W. J. Wallace, M. D.

3/25, 1930 (Address) Mt. St. Rose San.

*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
Mt. Carmel Cemetery Belleville Ill	3-27 1930
20. UNDERTAKER Walsh	ADDRESS East St. Louis Ill

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.

Test - Xray -- Sputum, cultures + Smear.