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

Do not use this space.

File No. 29441
Registered No. 8427

1. PLACE OF DEATH
County
Township
City St. Louis, (No. 4734 Ashland Avenue. St. Ward)
Registration District No. 791
Primary Registration District No. 1008

2. FULL NAME Delia Moore.
(a) Residence, No. 4734 Ashland Avenue. St., 6 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	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1875.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	--	14.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
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) (STATE OR COUNTRY) Louisiana, Mo.

FATHER
13. NAME James B. Nelson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Nancy Lawrence.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Mo.

17. INFORMANT Mrs. Mae Ward
(ADDRESS) 4734 Ashland Avenue.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Aug. 5, 1931.

19. UNDERTAKER J. H. Gebken & Co.
(ADDRESS) 2842 Veramed St.

20. FILED Aug 7 1931 Mary C. Marker
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1931.

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1930, to Aug 2, 1931.
I last saw her alive on Aug 1, 1931. Death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatitis	
48	

Other contributory causes of importance:
Chronic carcinoma of pancreas & liver
Primary seat in cervix
Name of operation 9 years ago / Hysterectomy Date of
What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Dr. T. Hartmann M. D.
(Address) 2743 N. Grand

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