

MAY 7 1936

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

Do not use this space.

17082

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City *St. Louis* (No. *4349*) *Cote Blanche* Registered No. 3835
St. (Ward)

2. FULL NAME

Jarile Moore
(a) Residence, No. *4349* *Cote Blanche* St. *11* 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 *Female*
4. COLOR OR RACE *col*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jacob Moore*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 1911*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 25 ✓ ✓

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *maid*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *private family*
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) *Cross Creek Ark*

MOTHER FATHER
13. NAME *Eli Carter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

15. MAIDEN NAME *Bettie Glenn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

17. INFORMANT (ADDRESS) *Jacob Brown 21815a*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father's Church* DATE *4-9-36*

19. UNDERTAKER (ADDRESS) *Dr. Buddie Wallow 2707*

20. FILED *APR 8 1936* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 3 1936*

22. I HEREBY CERTIFY That I attended deceased from *Mar 29* 19*36* to *April 3* 19*36*
I last saw h. *er* alive on *April 3* 19*36*. Death is said to have occurred on the date stated above, at *7 a.m.*
The principal cause of death and related causes of importance were as follows:

Bilateral lobar pneumonia complicated with emphysema of right lung.
Other contributory causes of importance:
10/1

Date of onset *3/26/36*
according to history

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) *O. H. Walker*, M. D.
(Address) *809 E. Jefferson*

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 OUTFADING INK—THIS IS A PERMANENT RECORD

