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

Do not use this space.

18528

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: Leeds
Registration District No.: 399
Primary Registration District No.: 1002
(No. Leeds Hospt St. 2033 Ward)
File No.
Registered No.

2. FULL NAME: Moon, Jack
(a) Residence. No. 414 E. 8th St., 1st Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
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): Aug 7, 1903
7. AGE: 24 YEARS: 23 MONTHS: 8 10 DAYS: 20 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Dr. H. L. Tureman
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. Korea
PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Korea
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
14. INFORMANT: Record Clerk
(Address): Leeds Hosp.
15. FILED 6/30, 1927 M. M. Crowe REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27 1927
17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1926, to June 27, 1927 that I last saw him alive on June 27, 1927, and that death occurred, on the date stated above, at 4:00 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary tuberculosis
23A
31
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Herbert L. Mang, M. D
6/27, 1927 (Address) 3400 E 31st

*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: Leeds
DATE OF BURIAL: 6-30 1927
20. UNDERTAKER: O. V. Mart
ADDRESS: City

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.