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

Do not use this space.

File No. 21591

Registered No. 24657

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kansas — Primary Registration District No.: 4 1027
City: Kansas — No. 805 Pacific St. — Ward:

2. FULL NAME: Mary Bell Moore
(a) Residence. No. 805 Pacific St., 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: Years 42 | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 134
(c) Name of employer: 1208

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: George Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Georgia
12. MAIDEN NAME OF MOTHER: Lulia Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

14. INFORMANT: Lily Moore
(Address): 805 Pacific

15. FILED: 7/26, 1927 M. M. Lesourd, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 23 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-17-27 1927 to 7-23-27 1927 that I last saw h. alive on July 23 1927 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock of Surgical Operation for Gall Stones
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 129a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Kansas City Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Oscar A. Denny, M. D.
7-25, 1927 (Address) 823, Linden Ave

*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: Lawrenceville Tenn — DATE OF BURIAL: July 27 1927

20. UNDERTAKER: THATCHER'S FUNERAL HOME — ADDRESS: 1520 N. 8th St.

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.

Bradbury