

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

Do not use this space.

Dr. Cook

1. PLACE OF DEATH

County Jackson
Township Bliss
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No. **8753**
Registered No. 114
St. Ward)

2. FULL NAME

Sophie M Moran
(a) Residence, No. 116 South Pearl St., 3 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 6 31

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Ape
(b) General nature of industry, business, or establishment in which employed (or employer) 9
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mason Texas
(STATE OR COUNTRY) Mason Co Texas

10. NAME OF FATHER Joseph Bengdorf

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

12. MAIDEN NAME OF MOTHER May Bengdorf

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

14. INFORMANT Wiel L Moser
(Address) Independence Mo

15. FILED Feb 20 1928 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 15 1927 to Mar 22 1928 that I last saw him alive on Mar 22 1928, and that death occurred, on the date stated above, at 12:37 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Bronchitis
Acute Cardiac Dilatation
10613
95B (duration) 7 yrs. mos. ds.
162
CONTRIBUTORY sterility
(SECONDARY) (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 clinical
(Signed) F. L. Cook, M. D.

3/23 1928 (Address) Independence Mo
*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 Woodlawn Park DATE OF BURIAL March 24 1928

20. UNDERTAKER Wm Mitchell ADDRESS Independence Mo

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.

THIS IS A PERMANENT RECORD

1928

