T 22 1928

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

Do not use this space. 29777

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1086
City St Joe Mo. (No. ..... St. ..... Ward)

2. FULL NAME Johanel Moore
(a) Residence. No. 308½ Edmond St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode) 2
Length of residence in city or town where death occurred 10 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July-8-1904
7. AGE: 24 YEARS — MONTHS: 2 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Entertainer
(b) General nature of industry, business, or establishment in which employed (or employer): Carnival Co
(c) Name of employer: Carnival Co
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Valley Falls Kan Kansas
PARENTS
10. NAME OF FATHER: Louis Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: Alice Roberts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Leavenwood Kansas
14. INFORMANT: Mother Mrs Alice Moore
(Address) 308½ Edmond St. St Joe
15. FILED SEP 14 1928, 19..... John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 13 1928
17. I HEREBY CERTIFY, That I attended deceased from 10 Sept Sept, 1928 to 13 Sept 1928 that I last saw him alive on 13 Sept 1928 and that death occurred, on the date stated above, at 1 45 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Alcoholism
107A
75B
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Broncho Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. Shaw, M. D
14 Sept, 1928 (Address) 1908 Messanie

*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: Ash Land Cem — DATE OF BURIAL: Sept 16 1928
20. UNDERTAKER: B. F. Graves — ADDRESS: 806 & 017.

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.