

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

Do not use this space.

33673

1. PLACE OF DEATH

County Jackson
Township Hart-
City W. C. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. 2457 Forest)

File No. 4213
Registered No. 4213
St. _____ Ward _____

2. FULL NAME

Mrs. Ida Moore
(a) Residence. No. 2457 Forest St. 4 Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 67 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer _____

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

10. NAME OF FATHER Annah Anderson

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

12. MAIDEN NAME OF MOTHER Mary Ann King

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

14. INFORMANT Mrs. Walter Moore
(Address) 2457 Forest

15. FILED 10/16, 1928 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 3, 1928, to Oct 14, 1928 that I last saw her alive on Oct 11, 1928, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
1290 131 89A
(duration) 10 yrs. mos. ds.

CONTRIBUTORY chronic otitis media
(SECONDARY) (duration) 2 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? physical

(Signed) Herbert Stacey M. D. 10
Oct 15, 1928 (Address) 210 or 27 1/2 Prospect St. 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 W. Washington Cem DATE OF BURIAL Oct 17 1928

20. URBERTAKER A. P. Dachler ADDRESS 1415 E 15

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 OBTAINING THE

