

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.

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

Do not use this space.  
36938

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kear Primary Registration District No. 1007 File No. 4587  
City Kansas City, Mo. (No. Trinity Lutheran Hosp. St.          Ward)

2. FULL NAME Mrs. Mary Moberly  
(a) Residence. No. Richmond Mo. St. Ward. Richmond Mo.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred — yrs. — mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>2</u>	<u>1</u>	<u>1</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Frankfort  
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER	<u>Unknown</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	<u>Unknown</u>
(STATE OR COUNTRY)	<u>Unknown</u>
12. MAIDEN NAME OF MOTHER	<u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	<u>Unknown</u>
(STATE OR COUNTRY)	<u>Unknown</u>

14. INFORMANT Frank Starks  
(Address) Rayville Mo. RR #1

15. FILED 11/14, 1928 M. M. Crowe  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 5, 1928, to Nov 13, 1928 that I last saw her alive on Nov 13, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Generalized Peritonitis  
12-18  
12-20 (duration) yrs. mos. 3 day

12-21 Intestinal Obstruction (SECONDARY) (duration) yrs. mos. 4 day  
no Perforated Appendix

18. WHERE WAS DISEASE CONTRACTED Richmond Mo.  
IF NOT PLACE OF BIRTH Richmond Mo.  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 6-28  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation  
(Signed) George B. Norberg  
"1/14, 1928 (Address) Kansas City 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 Richmond Mo DATE OF BURIAL Nov 15 1928

20. UNDERTAKER Ethiopian ADDRESS Richmond Mo

