

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

Do not use this space.

37216

1. PLACE OF DEATH

County Jackson
Township Little Blue Twp.
City Little Blue Mo.

Registration District No. 40d
Primary Registration District No. 55536
Jackson County, Mo.

File No. _____
Registered No. 145 St. _____ Ward)

2. FULL NAME

Thomas Moore

(a) Residence. No. 3408 E. 18th St. St. _____
(Usual place of abode) about 2 yrs
Length of residence in city or town where death occurred yrs. mos. ds.

Ward. _____
(If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) don't know

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 74</u>		<u>April</u>	<input checked="" type="checkbox"/>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stationary
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mackinacville
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) don't know

14. INFORMANT Mary E. Bowie
(Address) 3408 E 18th St K.C. Mo.

15. FILED 11-24-28 F. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 / 21 / 19 28

17. I HEREBY CERTIFY That I attended deceased from 11/21/28 to 11/21/28 1928
that I last saw him alive on 11/20/28 1928, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Insufficiency
(duration) yrs. mos. ds.
90a
CONTRIBUTORY (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? Physical Exams
(Signed) L. W. Booker, M. D.
, 19 (Address) 2128 Vine St.

*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 Westlawn Cemetery DATE OF BURIAL 11-24 19 28

20. UNDERTAKER Flynn + Greenstreet ADDRESS K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

27 1928

1
list

2