

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

Do not use this space.

41058

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1003
Wesley Hospital

File No. _____
Registered No. 0101
St. _____ Ward _____

2. FULL NAME

Mrs. Maude Moore
(a) Residence. No. 4930 Grand Ave. Ward. 8

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 20, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 4 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia

10. NAME OF FATHER Donald A. Fraser

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

12. MAIDEN NAME OF MOTHER Isabelle Lindsay

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

14. INFORMANT (Address) Mrs. J. H. Cowperthwait
Greenleaf Place.

15. FILED 12-26-28 M. M. Crocus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Dec 25, 1928 that I last saw him alive on Dec 25, 1928 and that death occurred, on the date stated above, at 1000 m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia
1000 yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo.
IF NOT AT PLACE OF DEATH: Kansas City Mo.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) J. Mackey, M. D.

12-26, 1928 (Address) 726 1/2 1st 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 Prescott, Kansas DATE OF BURIAL 12-27-28

20. UNDERTAKER Freeman Mortuary ADDRESS 104 W. 1/2 2nd St.

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

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.

