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

Do not use this space.

1529

1. PLACE OF DEATH — Registration District No. 399
County Jackson — Primary Registration District No. 1002 — File No. — Registered No. 1119
Township Kaw
City Kansas City (No. 1001, Penn St., Ward)

2. FULL NAME Whitney Ross Moats
(a) Residence. No. 1001 Penn St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Minnie Lozier Moats

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 5 th 1896

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
32	3.	2	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Kas

PARENTS
10. NAME OF FATHER: Thos Jefferson Moats
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.
12. MAIDEN NAME OF MOTHER: Hattie Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): think Ohio.

14. INFORMANT: L. B. Moats
(Address): R. F. D. 104 K C K.

15. FILED 1-10, 1929 — M. M. Evans, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Monday Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner
....., 19....., to ....., 19....., and that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide, Paris Green, a poison
163A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 169
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley Bostick, M. D
1/7, 1929 (Address) Deputy Coroner

*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: Highland Park — DATE OF BURIAL: Jan 10 1929
20. UNDERTAKER: John Strid — ADDRESS: K. C. Kans

WHITE 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.

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