

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

Do not use this space.

1612

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 6625 Brookside Road)

File No. _____

Registered No. 6

St. _____

Ward _____

2. FULL NAME Frank I. Moore

(a) Residence. No. 6625 Brookside Road St. 8 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

Joan M. Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

55

3

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Publisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Danville

(STATE OR COUNTRY)

Pennsylvania

10. NAME OF FATHER

John V. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Danville

(STATE OR COUNTRY)

Pennsylvania

12. MAIDEN NAME OF MOTHER Josephine Ireland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danville

(STATE OR COUNTRY)

Pennsylvania

14.

INFORMANT

(Address)

J. D. Ireland
223 West 62nd St. Ten

15.

FILED

1-15-29 m. 77

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13, 1929

17.

I HEREBY CERTIFY That I attended deceased from

Nov. 19, 1928, to Jan. 13, 1929
that I last saw him alive on Jan. 12, 1929, and that death occurred, on the date stated above, at 11:40 P. M.

THE CAUSE OF DEATH* WAS AS-FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY) Hypertension and nephritis

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? Physic and Laboratory Ex

(Signed) Robert E. Davis, M. D.

Jan. 14, 1929 (Address) 1334 Rialto

*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

DATE OF BURIAL

Forest Hill Cemetery

2-15-1928

20. UNDERTAKER

Schnee & M. Clur

ADDRESS

3235 Sullivan Pl. 29

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.

THIS IS A PERMANENT RECORD

196

29

29

29

1334 Rialto Bldg.
HA-2892