

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

Do not use this space.

1883

**1. PLACE OF DEATH**

County.....*Jackson*  
Township.....*Raw*  
City.....*Kansas City* (Name of City, Town, or Village)

Registration District No. .... *399*  
Primary Registration District No. .... *100*

File No. ....  
Registered No. .... *176*  
St. ....  
Ward) .....

**2. FULL NAME**

(a) Residence. No. .... *1842 Madison St.* ... *3* 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**

*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**

*Wm Perry Moore*

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

*Aug 16 - 1864*

**7. AGE**

YEARS  
*64*

MONTHS  
*5*

DAYS  
*13*

If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

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

*Home 178*

(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)

*Ohio*

**10. NAME OF FATHER**

*Wm A. Wright*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ohio*

**12. MAIDEN NAME OF MOTHER**

*Mary Powers*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ohio*

**14.**

INFORMANT

(Address)

*L R Curtis  
905 1/2 13th St E mo*

**15.**

FILED

*1-30-29 M M Corcoran  
REGISTRAR*

**MEDICAL CERTIFICATE OF DEATH**

*Tuesday*

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*Jan 29 1929*

**17. I HEREBY CERTIFY** That I attended deceased from .....

that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 6:27 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Accidental, Carbon monoxide, a poison  
by gas -*

**CONTRIBUTORY (SECONDARY)**

*Open gas stove in  
house*

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH? No** DATE OF .....

WAS THERE AN AUTOPSY? *yes* *31*

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) *Shaver M Hice* M. D.  
*1/29, 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** DATE OF BURIAL

*Mt Hope* *Jan 31 1929*

**20. UNDERTAKER** ADDRESS

*Eglar Funeral Home 1800 Linwood*

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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