

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

Do not use this space.

1884

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 1842 Madison)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 477
St. _____ Ward _____

2. FULL NAME

William Perry Moore

(a) Residence. No. 1842 Madison St. 3 Ward. _____
(Usual place of abode)

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. (If nonresident give city or town and State)

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

Sarah Moore

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

Dec 23 - 1876

7. AGE

YEARS 52

MONTHS 1

DAYS 5

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Broom maker

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

Factory work

(c) Name of employer

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

Clearmont Mo.

10. NAME OF FATHER

Burton L. Moore

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

Clinton Tenn

12. MAIDEN NAME OF MOTHER

Mildred Carpenter

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

Indian

14. INFORMANT (Address)

W. L. Moore
8401 Woodland ave

15. FILED

1-30-29 M. M. Crow
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Monday

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

Jan. 28 19 29

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental carbon
monoxide poisoning
1980 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) open gas stove in
home (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Stanley M. Hall, M. D.

*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 19 29

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.

