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.

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

Do not use this space.

6665

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Dan — Primary Registration District No. 1002 — Registered No. 830

City Kansas City (No. Kansas City Genl Hosp. St. ..... Ward)

2. FULL NAME Moberly Oscar

(a) Residence. No. 548 Main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Dont Kum

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	11	17	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Kum Mo

PARENTS

10. NAME OF FATHER G. L. Moberly

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

12. MAIDEN NAME OF MOTHER Meadow Quisenberry

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

14. INFORMANT Record Clerk
(Address) Kan. City Gen. Hosp.

15. FILED 2-19, 1929 M M Crowe REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-16, 1929, to 2-16, 1929 that I last saw him alive on 2-16, 1929 and that death occurred, on the date stated above, at 2:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic cerebro spinal meningitis

18 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 24 (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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab. Findings

(Signed) P. E. Williams, M. D.

2-18, 1929 (Address) Supt K.C. Gen. Hosp.

*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 Barnesville Mo — DATE OF BURIAL 2/20 1929

20. UNDERTAKER [illegible] — ADDRESS 913 East 15