

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

Do not use this space.

6892

PLACE OF DEATH

County Jackson
Township Brookings
City W. W. Holtz

Registration District No. 403
Primary Registration District No. R.R. #3 - Lees Summit

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

2. FULL NAME

Catherine Sydney Moore
(a) Residence. No. R.R. #3 St. _____ Ward _____
(Usual place of abode) Lifetime (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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
15 6 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) H. S. Raytown
(c) Name of employer _____

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

10. NAME OF FATHER Joseph Ross Moore

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

12. MAIDEN NAME OF MOTHER Pearl Vaughn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City Mo.
(STATE OR COUNTRY)

14. INFORMANT Joseph R. Moore
(Address) R.R. #3, Lees Summit

15. FILED 3/31 1929 W. W. Holtz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 13, 1929 that I last saw h. ea. alive on Jan 13, 1929, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1083
Cardiac Failure
(duration) _____ yrs. _____ mos. 2 ds.
CONTRIBUTORY Lobar Pneumonia
(SECONDARY) (duration) _____ yrs. _____ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) John H. Hamilton, M. D.
, 19 (Address) Raytown Mo

*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 Brookings DATE OF BURIAL Feb 17 1929

20. UNDERTAKER H. H. Newcomer Sons ADDRESS R. C. Mo.

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.

APR 25 1929

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