

UN 25 1929

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

Do not use this space.

17598

1. PLACE OF DEATH

County Clay
Township Ballston
City No. K.C. Mo. (Or _____)

Registration District No. 197
Primary Registration District No. 5276

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

Jessie Moore
(a) Residence No. 1301 Swift St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 10 mos. 7 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 M 4. COLOR OR RACE W 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 7 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 7

8. OCCUPATION OF DECEASED

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

(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) mo.

10. NAME OF FATHER William Moore

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

12. MAIDEN NAME OF MOTHER Amy Spang

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

14. INFORMANT William Moore

(Address) 1301 Swift Ave. No. K.C. Mo.

15. FILED 5/14 1929 J.P. Daqq
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

17. I HEREBY CERTIFY That I attended deceased from May 13, 1929, to May 13, 1929 that I last saw h. (or) alive on May 13, 1929, and that death occurred, on the date stated above, at 6 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1074
15 Diffuse bilateral bronchopneumonia
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Malnutrition
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical findings

(Signed) Frank A. Bagley, M. D.

3/14, 1929 (Address) 4-5 Cornhill Bldg. N.K.C. 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

DATE OF BURIAL

Liberty, Mo 5/14 1929

20. UNDERTAKER

ADDRESS

Wornton & Co No. K.C. Mo.

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.

