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

Do not use this space.

18212

1. PLACE OF DEATH
County: Jackson. Registration District No.: 399
Township: Lawn. Primary Registration District No.: 1902
City: Kansas City (No. 913 Highland St. 2 Ward)
Registered No.: 2257

2. FULL NAME Hannie Moore
(a) Residence. No. 913 Highland St. 2 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: F
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-6, 1903.
7. AGE: Years 26 Months 1 Days 7 If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laundress
(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): Texas
PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Fannie Britt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Texas
14. INFORMANT: Cleo Jefferson
(Address) 913 B Highland
15. FILED 5/16, 1929 W. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/13 1929
17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1929 to Feb. 28, 1929 that I last saw her alive on Feb. 28, 1929 and that death occurred, on the date stated above, at 9:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A 31
(duration) yrs. 2 mos. 15 ds.
CONTRIBUTORY (SECONDARY) Unknown
(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? Tuberculin test
(Signed) Dr. Miller, M. D.
May 15, 1929 (Address) 15 W 2 18-Kansas

*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: Dallas, Texas — DATE OF BURIAL: 5/17 1929
20. UNDERTAKER: Hatkins Bros. — ADDRESS: 1729 Lydia

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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