AUG 22 1929

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

85

Do not use this space.

23911

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 916

City St. Joseph, (No. 705 North 9th. St. Ward)

2. FULL NAME Margaret Genevieve Moore,

(a) Residence. No. 705 North 9th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 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)
Female	White	Divorced,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Curtis Moore,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	6	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rochelle,
(STATE OR COUNTRY) Illinois,

PARENTS

10. NAME OF FATHER Josiah Whitehead,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Scotland,
12. MAIDEN NAME OF MOTHER Helen Bain,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Scotland,

14. INFORMANT Mrs. Harry Gordon
(Address) 705 North 9th. Street.

15. FILED JUL 31 1929, 19 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1929

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1929, to 7-29, 1929, that I last saw h. alive on 7-29, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94A
93C
(duration) yrs. 4 mos. ds.
64B Myocarditis Chronic
CONTRIBUTORY (SECONDARY) Coronary Sclerosis
(duration) Auto & State yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED home
IF NOT AT PLACE OF DEATH
Did an operation precede death? No. Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Judgment
(Signed) [illegible] M.D.
7/30, 1929 (Address) 301 Phys & Surg Bldg

*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 Mount Mora Cemetery — DATE OF BURIAL July 31, 1929

20. UNDERTAKER Heaton-Bergdolt-Bowman — ADDRESS 519 S. 10 St. Funeral Home

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.

WHOLE NUMBER, WITH CHANGE HERE, THIS IS A PERMANENT RECORD

11 6 9