Love

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

Do not use this space.

1222

File No. 213

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Law
City: Kansas City (No. 539 Lydia St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Mary Moore
(a) Residence. No. 539 Lydia 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: John Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: Years 39 | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House 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): Missouri

PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't Know

14. INFORMANT: John Moore
(Address): 539 Lydia

15. FILED 1/16, 1930 W. M. Crowe
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1930, to Jan. 11th, 1930, that I last saw h. alive on Jan. 11, 1930, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Person Paralysis of Right Side
22 H
6 D
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY): Apoplexy
(duration) yrs. mos. 8 hrs. 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? None.
(Signed) W. A. Crowe, M. D.
1-13-, 1930 (Address) 1820 - N. 3rd St

*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: Muskogee Okla
DATE OF BURIAL: 1-17 1930

20. UNDERTAKER: Matthews & Hatcher
ADDRESS: 1520 Main

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD