

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

Do not use this space.

1481
476

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. A 002
City Kansas city (No. 15 West 58th) St. _____ Ward _____

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

2. FULL NAME

Ell S Moorefield
(a) Residence. No. 15 W - 58th St. 8 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorsey E Moorefield
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb - 25 - 1878
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs or min. 51 11 6
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife
(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) Georgia
10. NAME OF FATHER Edward A Sherman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia
12. MAIDEN NAME OF MOTHER Theresa Rantz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ga

14. INFORMANT Dorsey E Moorefield
(Address) 15 W - 58th

15. FILED 2/1 1930 M. M. Crows REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 31 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1929, to Jan 31, 1930, that I last saw him alive on Jan 31, 1930, and that death occurred, on the date stated above, at 6:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Breast
50
47B
(duration) 4 yrs. _____ mos. _____ ds.
CONTRIBUTORY Carcinoma of Lung + Metastases
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 47B
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1926
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? section
(Signed) E. L. Miller, M. D.
(Address) 800 Rialto 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 Int Mariah DATE OF BURIAL Feb 3 1930

20. UNDERTAKER Shrewsbury's Sons ADDRESS 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.

WHILE FURNISHING INFORMATION THIS IS A PERMANENT RECORD

230
2

