

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

Do not use this space.

5096

1. PLACE OF DEATH

County Jackson
Township Law
City Kaunasville (No. St. Marys Hoopst)

Registration District No. 399

Primary Registration District No. 104

File No. _____
Registered No. 104 (Ward)

2. FULL NAME

Mr Emma Moore

(a) Residence No. _____ St. _____ Ward. Lebo, Kans.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) N. Y.

10. NAME OF FATHER Wm Woods

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jesse Moore
(Address) 255 3 Holmes

15. FILED 2/18 30 M. M. Grove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 19 30

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to Feb 18, 1930, that I last saw her alive on Feb 17, 1930, and that death occurred, on the date stated above, at 3:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic interstitial nephritis

129a
(duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY chronic myocarditis
(SECONDARY) 131
33c (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical laboratory
(Signed) Jesse R. Haley, M. D.

Feb 18, 1930 (Address) 1002 medical arts 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 Lebo, Kans. DATE OF BURIAL Feb 18 19 30

20. UNDERTAKER A. H. Newcomer's Sons & Co.
(ADDRESS) _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1002 Mel Art Bldg

Val 4540-

2:30 - 4:30