

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

Do not use this space.

5219

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 650
City Kansas City (No. 741 Cherry)

File No. 8-7
Registered No. 797
St. _____ Ward _____

2. FULL NAME Mary Hunt Moore

(a) Residence. No. 741 Cherry Street St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 24, 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1928, to Nov 25, 1929 that I last saw h. h. alive on Nov 25, 1929, and that death occurred, on the date stated above, at 5:30 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1862

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 8 6

Interp. chronic I
130 Dyscardia, Chronic
127
588 (duration) 2 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) gaugstone both feet - sepsis
(duration) _____ yrs. 6 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Ohio

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

10. NAME OF FATHER Addison Moore

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

18. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Mary Morgan Moore

WHAT TEST CONFIRMED DIAGNOSIS Chlamydia Seps
(Signed) Lindsay S. Miller, M. D.

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

Feb 24, 1930 (Address) K. B. mo

14. INFORMANT Edgar A. Moore
(Address) 741 Cherry 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.

15. FILED 2/25, 19 30 M. M. Crone
REGISTRAR Ans

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL 2-26 1930

20. UNDERTAKER Steele & McAlister ADDRESS 3235 Gillham Plaza

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2

