

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

Do not use this space.

8705

**1. PLACE OF DEATH**

County Jackson Registration District No. 300 File No. 1082  
 Township Yan Primary Registration District No. 22 Registered No. 1082  
 City Kansas City (No. Kansas City) Genl Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Orville Gore

(a) Residence No. 2044 S. Benton St. 16 Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
22 8 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work miner  
 (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) Kansas

10. NAME OF FATHER W.A. Gore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Coramay Degan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kansas

14. INFORMANT Police Clerk (Address) Kansas City Genl Hosp

15. FILED 3/11 1930 M. M. Crowe REGISTRAR  
Ans

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-10 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-8 1930 to 3-10 1930 that I last saw him alive on 3-10 1930 and that death occurred, on the date stated above, at 7:55 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulver Pneumonia

108 / 10/10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. 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? Plain Anamnesis  
 (Signed) P. E. Williams, M. D.

3-10 1930 (Address) Genl Hosp

\*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 Westsburg Kansas DATE OF BURIAL 3/11 1930

20. UNDERTAKER W. Mast ADDRESS 915 East 15

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.

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