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

Do not use this space.

12869

1. PLACE OF DEATH
County Jackson — Registration District No. 232 — File No.
Township Kan — Primary Registration District No. 1022 — Registered No. 1748
City Kansas city (No. Fellows Convalescent Home 2641 Forest St. Ward)

2. FULL NAME Wm P. Moore
(a) Residence. No. Liberty Mo 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.~~ 3 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): widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Weston Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Katharine Loveless
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Utah
(STATE OR COUNTRY)

14. INFORMANT Vaughn Moore
(Address) 27th & Paseo. K.C. Mo

15. FILED 4/24, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1930, to Apr. 23, 1930 that I last saw him alive on Apr. 23, 1930, and that death occurred, on the date stated above, at 11:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Mitral Regurgitation
131
92A
112 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial asthma & Chron. Interstitial Nephritis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Edwin C White, M. D.
4/24, 1930 (Address) 710 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: Nebo. Near Liberty Mo
DATE OF BURIAL: 4/25 1930

20. UNDERTAKER: Church - Archer Co
ADDRESS: Liberty 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.

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