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.

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

Do not use this space.

29961

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3768

Township Kaw — Primary Registration District No. 1002 — Registered No.

City N.K.C. Mo. (No. St Vincents Hospital St. Ward)

2. FULL NAME Frank Moran

(a) Residence. No. 6615 Indep Ave 10 Ward. St. Vincent Hospl (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. 3 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) Sept. 10th 1930

7. AGE YEARS MONTHS DAYS 2 If LESS than 1 day, ...hrs. or ....min.

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

PARENTS

10. NAME OF FATHER Frank Moran

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

12. MAIDEN NAME OF MOTHER Helen C. Thomason

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

14. INFORMANT Frank Moran
(Address) 6615 Independence Ave.

15. FILED 9-13 1930 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Sept 12, 1930 that I last saw him alive on Sept 18, 1930, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159
158 Inanition

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Premature birth

7½ mo gestation (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? undersigned

(Signed) Dean S Riding, M. D.

9/13 1930 (Address) 602 ARGYLE BLDG. Kansas City, 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 L. Grey Mo. — DATE OF BURIAL 9/13 30

20. UNDERTAKER Newsley — ADDRESS N.K.C. Mo.