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

Do not use this space.

18248

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1062 — File No.:
City: Kansas City, Mo. (No. Trinity Lutt Hosp. — St. — Ward) — Registered No.: 12301

2. FULL NAME: Donald Eugene Moore

(a) Residence. No. Smithville 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. 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): 3-20-1926

7. AGE: Years 5 | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

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:

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

PARENTS

10. NAME OF FATHER: Daniel L. Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Clay Co.
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Minnie Mazzy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Platte Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. D. L. Moore
(Address): Liberty, Mo. R.R. 4.

15. FILED May 28, 1931 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-28-31, 19

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 28, 1931, that I last saw h. alive on May 28, 1931, and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrenous Perforated Appendix May 2 1931
preceded by intestinal obstruction May 11, 1931
Probable Embolus 5-28-31 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-2-31, 5-11-31

WAS THERE AN AUTOPSY? No 5-13-31

WHAT TEST CONFIRMED DIAGNOSIS? Laparotomy 5-28-31

(Signed) Geo. Mazzy, M.D.

5-28, 1931 (Address) 910 Rialto Bldg. K.C. Byrd M.D.

*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: Smithville Mo. — DATE OF BURIAL: 5-30-1931

20. UNDERTAKER: McLoman Und. Co. — ADDRESS: Smithville Mo.

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.