

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

Do not use this space.

16040

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. \_\_\_\_\_)

Registration District No. 029  
Primary Registration District No. 02  
St. Joseph hospl

File No. \_\_\_\_\_  
Registered No. 1823  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Thomas P. Moore

(a) Residence, No. 2919 Harrison St. 4 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Minnie E.</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>8/27/1864</b>		
7. AGE YEARS <b>67</b>	MONTHS <b>8</b>	DAYS <b>5</b>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>produce inspector</b> <sup>219</sup>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>cold storage plant</b>	
	10. Date deceased last worked at this occupation (month and year) <b>4/32</b>	11. Total time (years) spent in this occupation <b>3</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>N. Edgecomb Me.</b>		
MOTHER	13. NAME <b>Moore</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Maine</b>	
	15. MAIDEN NAME <b>Margaret Parsons</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Maine</b>	
17. INFORMANT <b>Mrs. T. P. Moore</b> (ADDRESS) <b>K C Mo</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Quindaro</b> DATE <b>5/5</b> 19 <b>32</b>		
19. UNDERTAKER <b>Geo. H. Long</b> (ADDRESS) <b>K C K</b>		
20. FILED <b>May 3</b> 19 <b>32</b> <b>M. M. Groves</b> <b>Asst Registrar.</b>		

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/2** 19 **32**

22. I HEREBY CERTIFY, That I attended deceased from April 7 19 32 to May 2 19 32  
I last saw him alive on May 2 19 32 Death is said to have occurred on the date stated above, at 2:10p.  
The principal cause of death and related causes of importance were as follows:

**Encephalomalacia**  
**Cerebral thrombosis**  
**Bacteremia**  
**Septicemia**  
Date of onset \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? not Was there an autopsy? ye

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. no  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. Kyles M. D.  
(Address) First Street Ave

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.

3100 Street  
Dr. Kipin  
with  
we 3020