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.

29366

File No. 5540

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township KAW Primary Registration District No. 1002

City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

2. FULL NAME CLAUDE S. MOORE

(a) Residence, No. 1110 BALES St., 12 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. IRENE MAY MOORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-12-1880

7. AGE: YEARS 51 | MONTHS 10 | DAYS 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LAUNDRY DRIVER 137.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DUNLAP LAUNDRY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA 2

FATHER

13. NAME GEORGE MOORE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA 0

MOTHER

15. MAIDEN NAME SARAH SCHILLING

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT MRS. IRENE MAY MOORE
(ADDRESS) 1110 BALES AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE SEPT-20 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST

20. FILED 9/19 1932 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-18-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932 to Sept 18, 1932

I last saw h. alive on Sept 18, 1932 Death is said to have occurred on the date stated above, at 10:40 Am. Sept 18

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
109A	
104A	
1	

Other contributory causes of importance:
Acute Naso Pharyngitis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. D. Edmonds, M. D.
(Address) 4800 E 24th St

4800 East-24th St.

2-5