

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

Do not use this space.

32187

1. PLACE OF DEATH

County JACKSON

Registration District No. 352

Township KAW

Primary Registration District No. 100

City KANSAS CITY

(No. 6 WEST-61ST ST. TERRACE St.)

File No.

Registered No. 3711

Ward

2. FULL NAME

MRS. LOUISE MILES MOFFETT

(a) Residence, No. _____
(Usual place of abode)

St.

Ward

NORTH KANSAS CITY, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 T. N. MOFFETT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-24-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>8</u>	<u>10</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1234

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) SHELBYNA
(STATE OR COUNTRY) MISSOURI

MOTHER 13. NAME HENRY MILES

14. BIRTHPLACE (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

15. MAIDEN NAME T D A B CONLEY

16. BIRTHPLACE (CITY OR TOWN) SHELBYNA
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. T. N. MOFFETT
(ADDRESS) GATEWAY STATION

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE OCTOBER-4-1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Oct 3 3-11-32 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-3-1932

22. I HEREBY CERTIFY. That I attended deceased from Sept 26, 1932, to Oct 3, 1932
I last saw her alive on Oct 3, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Paralysis of intestines
27A
1234
24

Other contributory causes of importance:
tuberculosis of lymphatic glands

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____
(Signed) J. L. Hour
(Address) 504 Commercial

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.

WHITE PLAINLY, WITH OUTLINES

504⁰ Commerce Bldg.

10:15-4