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.

9730

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1334
Township Kaw — Primary Registration District No. 1007 — Registered No.
City Kansas City, Mo. (No. 4003 Locust St. Ward)

2. FULL NAME Edwin Otis Moffatt

(a) Residence, No. 4003 Locust St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 54 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 Bernehordine Moffatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12, 1854

7. AGE: 78 YEARS — MONTHS: 4 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retaired Grain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marchant
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) La Salle Ill.

FATHER
13. NAME Edwin R. Moffatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Otis William
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs E.O. Moffatt 4003 Locust

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery DATE Mar, 1933

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED Mch 20, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1933, to March 17, 1933
I last saw him alive on March 17, 1933 Death is said to have occurred on the date stated above, at 1:45 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 3/5-33

Other contributory causes of importance:
Artery Sclerosis - Time Indefinite
Asthma - Time Indefinite

Name of operation None — Date of
What test confirmed diagnosis? Laboratory & Physical — Was there an autopsy? no

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) W. C. Willis, M. D.
(Address) 930 Argyle N Chur

Nos

3 to 6

925 Argyle