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.

JAN 28 1934

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

Do not use this space.

5015
40209

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No.
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSAS CITY (No. K.C. GENERAL HOSPITAL St. Ward)

2. FULL NAME Oliver C. Moree
(a) Residence, No. 3100-EAST-25TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 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. JENNIE MOREE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-13-1859

7. AGE: YEARS 74 — MONTHS 6 — 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. LABORER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation

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

FATHER
13. NAME JEREMIAH MOREE
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

MOTHER
15. MAIDEN NAME ELIZABETH BRISCOE
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

17. INFORMANT MRS. JENNIE MOREE
(ADDRESS) 3100-EAST-25TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE DECEMBER-21, 1933

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

20. FILED 12-21, 1933 M. M. Crowe Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/33

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 ..., 19 ..., 19 ..., Last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:
Fracture of the femur — Date of onset
Bronchopneumonia
Other contributory causes of importance:
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? Deadly — Date of injury 12/19/33
Where did injury occur? 3100 E 25th St. Kansas City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Home — Fell down stairs
Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M. D.
(Address) [signature]