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

Do not use this space.

1416

1. PLACE OF DEATH
County JACKSON Registration District No. 3 2 3 Registration District No. 1 0 0 3 File No.
Township KAW Registered No. 398
City KANSAS CITY (No. 316 NORTH BRIGHTON St. Ward)

2. FULL NAME MRS. ELIZABETH S MOORE
(a) Residence, No. 316 NORTH BRIGHTON 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF GEORGE W. MOORE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 9 1853

7. AGE: YEARS 80 MONTHS 1 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) PARIS (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME DANIEL R. SANDFORD
14. BIRTHPLACE (CITY OR TOWN) EDGAR (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME MARTHA HOWARD
16. BIRTHPLACE (CITY OR TOWN) ROCKVILLE (STATE OR COUNTRY) INDIANA

17. INFORMANT MR. T. HOWARD SANDFORD (ADDRESS) 3319 PASEO BLVD.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE JANUARY 26 1934

19. UNDERTAKER D. W. NEWOOMER'S SONS (ADDRESS) 2114 EAST 9TH ST.

20. FILED Jan 26 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934, to Jan 21 1934
I last saw h. alive on Jan 21 1934 Death is said to have occurred on the date stated above, at 10:50 A.m.
The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Coronary sclerosis
Myocarditis, chronic

Date of onset

Other contributory causes of importance:
Coronary occlusion
Myocarditis chronic

Name of operation None Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Paul Dorfmeier M. D.
(Address) 730 Brg. Bldg. K. C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 2 1934

Dr. Paul F. Hunt
730 Professional Bldg
1-3:30