

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.

APR 25 1934

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

Do not use this space.

9049
1246

PLACE OF DEATH

County Jackson
Township North
City K. C. Mo (No. 5012 E. 8th)

Registration District No. 377
Primary Registration District No. 6-2-2

File No. 9049
Registered No. 1246
St. Mo. Ward 11

2. FULL NAME

Thomas Elmer Moody
(a) Residence, No. 5012 East 8th St. Ward 11
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Fannie M. Moody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 27

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

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

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) Mo.

13. NAME Isaac Moody

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Fannie M. Moody

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithville Mo. DATE Mar-19-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED 3-19, 1934 in m. c. b. d. asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-17-1934

I HEREBY CERTIFY, That I attended deceased from July 2, 1933 to March 17, 1934

I last saw him alive on March 16 1934 Death is said to have occurred on the date stated above, at 3:30 AM

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

Chronic Myocardial Degeneration + Failure

Coronary Disease
Left Coronary Occlusion

Name of operation none Date of no

What test confirmed diagnosis? Electrocardiogram 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) Dr. Frank O. Day, M.D.
(Address) 4316 E 9th St. K.C. Mo.

Dr. J. H. ...

Faint, illegible text covering the majority of the page, possibly bleed-through from the reverse side.