

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

Do not use this space.

FEB 19 1935

1501

1. PLACE OF DEATH

County Jackson Registration District No. 3
 Township East Primary Registration District No. 400
 City Kansas City, Mo (No. 3634, St. Louis) St. Ward)

File No.
 Registered No. 367

2. FULL NAME Edward Moneymaker

(a) Residence, No. St. Ward. Raymore, Missouri
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Ann Moneymaker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 17, 1859</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>5</u>
		DAYS
		<u>11</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cement Work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen. Contracting</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 1, 1934</u>		
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Carl Moneymaker</u> (ADDRESS) <u>Beltan, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raymore, Mo</u> DATE <u>1/25, 1935</u>		
19. UNDERTAKER <u>E. T. George & Sons</u> (ADDRESS) <u>Beltan, Mo</u>		
20. FILED <u>Jan 24, 1935</u> <u>W. M. M. Corwin</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 24, 1934 to Jan 23, 1935
 I last saw him alive on Jan 22, 1935 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral embolism
 Date of onset 1/24/35

Other contributory causes of importance:
Mitral Regurgitation, Rheum 12/24/34

Name of operation 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? No
 If so, specify
 (Signed) J. P. Fair M. D.
 (Address) 404 1/2 W. 75th St. C. Mo

OCCUPATION
FATHER
MOTHER

