

JUL 22 1935

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

Do not use this space.

19811

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Kearney City (No. Thurcy Street) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 19811

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Harrisonville Mo  
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) (STATE OR COUNTRY) Harrisonville Mo

13. NAME Marion Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo

15. MAIDEN NAME Edna Felber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo

17. INFORMANT (ADDRESS) Marion Moore Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville Mo DATE June 15 1935

19. UNDERTAKER (ADDRESS) Arthur Bay Easterday Harrisonville Mo

20. FILED 6-15 1935 M M Croire Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1935 to 6-15 1935

I last saw him alive on 6-15 1935 Death is said

to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 6-10-35

Other contributory causes of importance: Prematurity Birth

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? yes

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? NA  
If so, specify \_\_\_\_\_

(Signed) H M Kelley, M. D.  
(Address) 1316 Prof.

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.

