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.

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

Do not use this space.

26616

SEP 25 1935

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 4547 Prospect St. Ward)

File No. ____

Registered No. ____

2. FULL NAME Miss Katherine Moore

(a) Residence, No. 4547 Prospect St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.

4. COLOR OR RACE: Wh.

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) Feb.22nd.1882

7. AGE — YEARS: 53 — MONTHS: 6 — DAYS: ~~8~~ 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Mo.

FATHER

13. NAME W.H.Moore

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

MOTHER

15. MAIDEN NAME Lucy A.Walker

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

17. INFORMANT Henry Moore
(ADDRESS) 2732 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson Mo. DATE 8/27/35 19

19. UNDERTAKER W.F.Mayberry
(ADDRESS) City

20. FILED Aug. 26 1935 M. M. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug.25th. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of left auricle	
Hemopericardium	

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? ..... 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) ....., M. D.
(Address)