

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

Do not use this space.

29529

OCT 22 1935

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Rau Primary Registration District No. 300
 City Kansas City (No. 504 Benton Blvd. St. 540 Ward)

2. FULL NAME James E. Moses

(a) Residence, No. 3730 Wyoming St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male		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 Elizabeth Moses					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1852					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		83	8	0	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician				
	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) 1930		11. Total time (years) spent in this occupation 50		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales					
MOTHER	13. NAME David Moses				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales				
	15. MAIDEN NAME Mary Lewis				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales				
17. INFORMANT Mrs. J. L. McVey (ADDRESS) 3807 Wyoming					
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9-11 19 35					
19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas					
20. FILED 9-11 19 35 m. m. Crowe Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 9, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **1935** to **September** 19**35**
 I last saw him alive on **9-8** 19**35**. Death is said to have occurred on the date stated above, at **9 P. m.**
 The principal cause of death and related causes of importance were as follows:
Pneumonia - Broncho Pneumonia Date of onset

Other contributory causes of importance:
Cardio Vascular Disease - Coronary Arterio Sclerosis.

Name of operation **none** Date of
 What test confirmed diagnosis? **Examination** 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) **William A. Myers**, M. D.
 (Address) **815 Shurtzfeld Bldg, Kansas City 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.

W. A. Myer
Shelf Reg
11-11