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.

MAR 21 1936

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

Do not use this space.

6040

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 855

City Kansas City (No. Savoy Hotel St. Ward)

2. FULL NAME George Moore

(a) Residence, No. Savoy Hotel St., Ward. (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: Ma.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Bessie Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31st. 1880

7. AGE: YEARS 55 — MONTHS — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Atchison Kas.

FATHER

13. NAME Jno. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME Anna Tofter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Mrs. Bessie Moore Massillon Ohio

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Washington Cem. DATE 2/18/36, 19

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

20. FILED 2/17, 19 W. M. McGrowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15/36, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coron, 19 ....., 19 ..... I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above at 1:15 P.m.

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

Chronic Thrombosis — Date of onset

Acute Myocardial Infarction

Other contributory causes of importance: 94 b

Name of operation Autopsy Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]