

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.

SEP 29 1936

30864  
3659

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1007  
 City Kansas City (No. 2519, East 9th)  
 2. FULL NAME THOMAS PATRICK MOORE  
 (a) Residence, No. 2519 East 9th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 25 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Moore  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1864  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 6 5  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) County Ireland  
 13. NAME James Moore  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT (ADDRESS) James M. Moore  
2519 East 9th  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 11 1936  
 19. UNDERTAKER (ADDRESS) J. W. Newcomb & Co  
2112 East 9th  
 20. FILED Aug 8, 1936 M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1936  
 22. I HEREBY CERTIFY, That I attended deceased from June 2, 1936, to Aug 7, 1936.  
 I last saw him alive on Aug 7, 1936. Death is said to have occurred on the date stated above, at 10.10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach Date of onset July 1936  
U6  
 Other contributory causes of importance: Secondary anemia June 1936  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Symptoms 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) Robert Jensen, M. D.  
 (Address) 2220 E 31st

