

DEC 20 1936

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

Do not use this space.

41319

## 1. PLACE OF DEATH

County JACKSON Registration District No. 399 File No. 1000  
Township Kaw Primary Registration District No. 1002 Registered No. 1000  
City Kansas City (No. SK HUKES HOSPITAL) St. Mo Ward 10

## 2. FULL NAME

Virgil Clay Moore  
(a) Residence, No. 58th + #50 Highway Ward KC Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. 12 mos. 4 ds.

## PERSONAL AND STATISTICAL PARTICULARS

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 Flores Jane Moore  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-29-1900  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
36 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer  
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) June 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cainville Mo

13. NAME J. O. Moore  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cainville Mo

15. MAIDEN NAME Ollie Crowley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cainville Mo

17. INFORMANT Mrs. Flores Jane Moore  
(ADDRESS) 58th + #50 Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Nov-17-1936

19. UNDERTAKER Whymmer Sons  
(ADDRESS) Kansas City - Mo

20. FILED Nov 16 1936 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-15-1936

I HEREBY CERTIFY, That I attended deceased from Nov 1 1936, to Nov 15 1936

I last saw him alive on Nov 15 1936 Death is said to have occurred on the date stated above, at 2:58 A.M.

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

Lobar pneumonia (left)  
supp. & abscess (left)

Other contributory causes of importance:

Name of operation None Date of None  
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? No Date of injury None, 1936  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) J. J. Monahan, M. D.  
(Address) 311 Duane

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.

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