

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.

FEB 25 1937

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

Do not use this space.

1661

1. PLACE OF DEATH

43¹/₁ County Jackson Registration District No. 399 File No. _____
 1¹/₁ Township Haw Primary Registration District No. 1002 Registered No. 1582
 9 City Kansas City (No. Research Hospital) St. _____ Ward _____

2. FULL NAME Roy E Moore
 (a) Residence, No. 115 South Hardisty Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 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 Winnefred Moore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 11 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Order
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sears and Roebuck
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IowaMOTHER FATHER 13. NAME James E Moore Sr.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina15. MAIDEN NAME Chloene Riber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi17. INFORMANT Winnefred Moore
(ADDRESS) 115 S Hardisty18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Jan-26-193719. UNDERTAKER Mrs C J. Horster
(ADDRESS) 713 Broadway20. FILED Jan 26 1937 M. M. Monroe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-24-1937

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936 to Jan 24, 1937
 last saw him alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

hemorrhagic colitis
 Other contributory causes of importance 1000

Name of operation Colostomy Date of 1-1-37
 What test confirmed diagnosis? clinical 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? _____

If so, specify cause unknown
 (Signed) L. L. Patten, M. D.
 (Address) 724 Proff Bldg.

Professional Bldg.

vi-7321

12: till 500