

NOV 18 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kan Primary Registration District No. 1002
City Kansas City (No. Research Hospital) St. Ward

36715

File No.
Registered No.

2. FULL NAME Edgar A. Moore

(a) Residence, No. 714 Cherry 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 . Death is said to have occurred on the date stated above, a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1864

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 2 15

Carcinoma of the esophagus Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

13. NAME Addison Moore

Name of operation Date

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

What test confirmed diagnosis Was there an autopsy?

15. MAIDEN NAME Unknown

23. If death was due to external causes (Violence), fill in also the following: Accident, suicide, or homicide Date of injury 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Mary E. Hunt (Cousin)
(ADDRESS) 114 South Lawn Kansas City, Mo.

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL Elmwood Crematory

Nature of injury

PLACE Kansas City, Mo. DATE October 15, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

20. FILED 10-15-37 M. M. Crowe Registrar

(Signed) , M. D.

(Address)

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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