

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

County Jackson  
Township Law  
City Kansas City (No. St. Lukes Hospital)

Registration District No. 395  
Primary Registration District No. 1002

File No. 40446  
Registered No. 41720  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John C. Moore

(a) Residence, No. Keytesville, Missouri 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, HUSBAND OF (OR) WIFE OF <b>Virginia S. Moore</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 30 1851</b>		
7. AGE YEARS <b>86</b>	MONTHS <b>9</b>	DAYS <b>25</b>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Farmer</b>		
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) **Unknown**

13. NAME **Filmore Moore**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. Lamar O'Briyan**  
(ADDRESS) **Keytesville Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Asbury Mo.** DATE **Nov. 27, 1937**

19. UNDERTAKER **Simmons & Son**  
(ADDRESS) **1404 Strong Ave K.C.M.O.**

20. FILED **Nov 26 1937 M. M. Brown**  
**2201 Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV. 25 37. 19**

22. I HEREBY CERTIFY, That I attended deceased from **NOV. 7, 1937** to **11-25**, 19**37**

I last saw him alive on **11-25**, 19**37**. Death is said to have occurred on the date stated above, at **9:30 a.m.**

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

**Pulmonary Embolism** Date of onset **11-25-37**  
**Pulmonary Infarction** **11-25-37**  
**Rt. Lobar pneumonia** **11-24-37**  
**Mild diabetes mellitus**  
**Benign Adenomatous Hypertrophy of the prostate** **2 yrs**

Other contributory causes of importance: **59**  
**Benign Adenomatous Hypertrophy of the prostate**

Name of operation **Prostatic Resection** Date of **11-16-37**

What test confirmed diagnosis? **Autopsy** 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 **no**

(Signed) **J. S. Brown**, M. D.  
(Address) **600 Prof Bldg - K.C.M.O.**

