

REC'D JAN 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1416 W 50th)

Registration District No. 399
Primary Registration District No. 1002

File No. 41608
Registered No. 4674

2. FULL NAME Dicy JAIE MOORE

(a) Residence, No. Home No St. Home No Ward. Home No
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2-1870</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		
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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Watsika Ill</u>
	13. NAME <u>Peter Moore</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	15. MAIDEN NAME <u>Myra McConnell</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	17. INFORMANT (ADDRESS) <u>John F. Moore</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Indian Burial</u> DATE <u>Dec 3 1938</u>	
19. UNDERTAKER (ADDRESS) <u>H. W. McConnell</u>	
20. FILED <u>Dec 1 1938</u> M. M. Browne Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1938
22. I HEREBY CERTIFY, That I attended deceased from 8/30/38 to Nov 24 1938
I last saw her alive on Nov 24 1938 Death is said to have occurred on the date stated above, at 10:20 am

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

Myocarditis
Essential Hypertension
Date of onset 4 mo

Other contributory causes of importance:

Name of operation NO Date of NO
What test confirmed diagnosis Chemical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury NO
Where did injury occur? NO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO
(Signed) H. W. McConnell M. D.
(Address) 907 W 76th K.C. Mo

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.

