

REC'D JUN 8 1939

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

17716
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2118
 (c) City Kansas City (d) Street No. General Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 500 Ruth Moore DON.
 (a) Residence, No. 3516 Troost. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Kansas City Missouri. 0

FATHER 13. NAME James S. Marlett. 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana. 0

MOTHER 15. MAIDEN NAME Mary E. Houston.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) De Merce Don. Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo. DATE 5/20/39, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellody-McGilley. K. C. Mo.

20. FILED May 21, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-39, 1939

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner 902 E. 11th, 1939.
 I last saw him live on 902 E. 11th, 1939. Death is said to have occurred on the date stated above, at 902 E. 11th.
 The principal cause of death and related causes of importance were as follows:
Lycal poisoning 163

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 5/20/39
 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 Autopsy Date of injury 5-19-1939
 Where did injury occur? K.C. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Took Lye
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Yes
 (Signed) Walter H. Hunter M. D.
 (Address) San Jose, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.