

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

Do not use this space.

8455

**1. PLACE OF DEATH**

County Jackson  
Township McKan  
City Stammonsbury (No. 1002)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1200  
St. \_\_\_\_\_ (Ward) 1200

**2. FULL NAME**

Moore Ray Lee  
(a) Residence. No. 505 Delaware St., \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9, 1885

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>4</u>	<u>18</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Labour  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Newton  
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER J. F. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belmar  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mamie Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belmar  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Pearl Moore  
(Address) 505 Delaware

15. FILED 3/29, 27 m. m. Crowe  
REGISTRAR Lee

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26-1927  
17. \_\_\_\_\_

I HEREBY CERTIFY That I attended deceased from 3-25-1927 to 3-26-1927 that I last saw him alive on 3-26-1927 and that death occurred, on the date stated above, at 9:00 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
129 W 131  
936

CONTRIBUTORY Chronic Nephritis  
(SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH, DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY, \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS, \_\_\_\_\_

(Signed) George C. Lee M. D.

3-26-1927 (Address) Dist Supt. K.C. Health Dept.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** DATE OF BURIAL

Wash Hill 3/30 1927

20. UMBRETAKEE O. M. Mast ADDRESS 1915 East 15

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

