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. 299 — File No. 27330
Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]
City K C Mo. (No. Gen. Hospital St. Ward)

2. FULL NAME Robert Lee Moore
(a) Residence. No. 1519 Holmes St., 2 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: 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: Mammie Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3, 1870

7. AGE: Years 58 — Months 4 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

PARENTS
10. NAME OF FATHER: Abraham Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Mammie Moore
(Address) 1519 Holmes St.

15. FILED 8-13-1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from 9.55 AM July 28, 1928, to Aug 11, 1928 that I last saw him alive on Aug 11, 1928, and that death occurred, on the date stated above, at 11:59 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
112 Chronic Myocarditis ?
931.
since early childhood
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma since early childhood
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 30, 1928
WAS THERE AN AUTOPSY? Refused
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) P E Williams, M.D.
Aug 12, 1928 (Address) Supt. K.C. Gen Hospital

*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: Forest Hill Cem. — DATE OF BURIAL: Aug 13 1928

20. UNDERTAKER: A. P. Doehler — ADDRESS: 1415 E. 15 St

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