

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

Do not use this space.

10723

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Raw Primary Registration District No. 1002 Registered No. 1231
 City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4238 Tracy St. 15 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. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 11 - 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>16</u>	<u>0</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Messenger
 (b) General nature of industry, business, or establishment in which employed (or employer) for duty Western Union Telegraph Co. Employee
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Greenfield (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Clyde Barrett Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Republic (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Esther Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Aurore (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Thomas Worth Hudson

15. FILED 2/12 1929 M. M. Corvine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sunday March 10 1929

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 19____, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental automobile
hunting KE MO

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Hayley M. D.

10. 19 29 (Address) Deputy Coroner

*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

Forest Hill Mar 12 1929

20. UNDERTAKER ADDRESS

Eglar Funeral Home 1800 Lincoln

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.

