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.

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

Do not use this space.

2774

399

1002

File No. 21634

Registered No.

**1. PLACE OF DEATH**

County Jackson — Registration District No. 1002

Township Kaw — Primary Registration District No.

City Kansas City Mo (No. 2508 Spruce St. Ward)

**2. FULL NAME** Mrs. Loucinda Moreland

(a) Residence. No. 2508 Spruce St., 14 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm H. Moreland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 7-1849

7. AGE: 80 Years, 5 Months, 17 Days. 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): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Troy
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Guinn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Holland

14. INFORMANT: Mr. James H Moreland
(Address) 3522 Montgall

15. FILED 6/24 1929 Mm Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1929, to June 23, 1929, that I last saw her alive on June 23, 1929, and that death occurred, on the date stated above, at 5-05- P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinomatosis
4 to C
5 3 E

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma colon

(duration) 1 yrs. mos. ds.

45

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Ralph W Kalbrook, M. D

6-24, 1929 (Address) Kansas City Mo

*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: June 25 1929

20. UNDERTAKER: A. P. Boehler — ADDRESS: 1415 E 15

262

13