

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

Do not use this space.

27769  
3460

**1. PLACE OF DEATH**

County.....Jackson..... Registration District No.....399  
Township.....Kaw..... Primary Registration District No.....1002  
City.....Kansas City..... (No. Research Hospital)

File No.....  
Registered No.....  
St..... Ward)

**2. FULL NAME** Benjamin C. Moore

(a) Residence. No. 5800 High Drive St. 8 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 Lilian Johnson Moore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4, 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>53</u>	<u>6</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John W. Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT D. Bruce Forrester  
(Address) 7601 Wornall Road

15. FILED 8/13 1929 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 11 1929

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to Aug 11, 1929 that I last saw h. alive on Aug 11, 1929, and that death occurred, on the date stated above, at 8:45 P. m.

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

Myocardium heart and  
nephritis, chronic  
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute primary edema  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy, Electrocardiogram, P.P. test  
(Signed) Russell, M. D.

8/12 1929 (Address) 1334 Bisco Bldg

\*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 Cemetery 8-13-1929

20. UNDERTAKER Shue & McClure ADDRESS 3235  
Missouri Plaza

N. B.—Every item of information should be carefully supplied. Always mention the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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31

1234567890 Bldg  
1-4 P.M.