

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

Do not use this space.

37451
4921

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Kansas City No. 2010 E. 19th St. _____ Ward)

2. FULL NAME

Martin Moore
 (a) Residence. No. 2010 E. 19th St. 4 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M.

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

Feb. 2, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
66	9	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (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) Texas

10. NAME OF FATHER

Alex Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER

Nancy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) W. Va.

14. INFORMANT

(Address) Alex Moore
2010 E 19th

15. FILED

11/30 1929 M. M. Crowe
 REGISTRAR
asst

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

11/27 1929

I HEREBY CERTIFY, That I attended deceased from

10/10 1929, to Nov 27 1929
 that I last saw him alive on Nov 27 1929, and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Psychitis
Septicemia
 (duration) yrs 2 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Psychitis
 (duration) yrs 2 mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Chas. Rosenwald M. D.

Nov 29, 1929 (Address) 1520 E 18th Kansas City

*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

Blue Ridge Lawn 11/30 1929

UNDERTAKER

ADDRESS

Hatkins Bros 1729 Ryden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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