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

Do not use this space.

899

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 33146
Township Kaw — Primary Registration District No. — Registered No. 4080
City Kansas City (No. 4128, East 6th St. Ward)

2. FULL NAME Mr. T. O. Moffett
(a) Residence, No. 4128 East 6th St., 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.

NOV 10 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sue Emma Moffett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22, 1856

7. AGE: YEARS 77 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: Thomas Moffett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary Oliver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): T. N. Moffett, Oak. addition Clay Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: Oct 16, 1933

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons, 211 E. 9th

20. FILED: Oct. 16, 1933 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1922, to Oct. 13, 1933
I last saw him alive on 10/13, 1933. Death is said to have occurred on the date stated above, at 11:15 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis & thine apoplexy seizures the past 8 months — Has had a tremor from childhood.

Other contributory causes of importance:
Enlarged prostate & cystitis
Name of operation: none — Date of
What test confirmed diagnosis? clinical — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) W. P. Grimes, M. D.
(Address) Tenth & Harrison Kansas