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.

DEC 18 1934

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

Do not use this space.

39338

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Ham — Primary Registration District No. ..... — Registered No. .....
City K.C. Mo. (No. 4301 East 19th St. St. ..... Ward)

2. FULL NAME John M. Moore
(a) Residence, No. 4301 E 19th St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1862

7. AGE: YEARS 72 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Framing
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) Shelby Co. Ind. Indiana

FATHER
13. NAME James S. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Martha Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Cecil V. Moore 4301 East 19th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash DATE 11-5-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave

20. FILED 11-4-1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Nov 2, 1934
I last saw him alive on 11-2-34, 19..... Death is said to have occurred on the date stated above, at 6 48 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Gall Bladder & liver — Date of onset ?
46 — 46
Other contributory causes of importance:
Arteriosclerosis c̄ Cerebral

Name of operation None — Date of .....
What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

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) Frank B. Fritz, M. D.
(Address) 924 Prof Bldg.