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

FEB 20 1936

Do not use this space.

1273

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 126

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Lukes Hosp. St. Ward)

2. FULL NAME Bertie May Moore

(a) Residence, No. Keytesville, 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 Fe

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 Zack T. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Missouri

FATHER

13. NAME Wm. Thrash

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ellen Sanderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Zack T. Moore Keytesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Keytesville, Mo DATE 1-11- 1936

19. UNDERTAKER (ADDRESS) J. P. Louis Funeral Home Kansas City, Mo.

20. FILED Jan 6 1936 M. M. Edwards Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/31/35, 19.., to 1/9/36, 19..

I last saw her alive on 1/9/36, 19.. Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	
Chronic thrasis	
Jaundice	

Other contributory causes of importance:

126

Name of operation Cholecystitis Date of 1/2/36

What test confirmed diagnosis? 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) [signature], M. D.

(Address) 1500 Pennsylvania Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.