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.

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

Do not use this space.

AUG 11 1937

26246

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 5535 Virginia St. Ward)

2. FULL NAME Louis Jackson Moore.
(a) Residence, No. 5535 Virginia St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 44 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 Mrs Mary Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 - 1892

7. AGE: YEARS 44 — MONTHS 8 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER
13. NAME W. C. Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Florie Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

17. INFORMANT (ADDRESS) Mrs. Mary Moore 5535 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE July 12, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer Sons Brush Creek & Paseo

20. FILED July 19, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from at intervals for 4 yrs to July 9, 1937
I last saw him alive on July 7, 1937. Death is said to have occurred on the date stated above, at 5:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Pulmonary Tuberculosis	
23	

Other contributory causes of importance: Chronic Ulcerative Colitis Diabetes Mellitus

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Carl R. Ferris, M. D.
(Address) 934 Argyle Bldg