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.

1407

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. 1002 — Registered No. 95

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Thomas Moore 600

(a) Residence, No. 3643 Baltimore St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
52	8	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician

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) Topeka Kansas

FATHER

13. NAME Albert P. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

MOTHER

15. MAIDEN NAME Stella Johnston

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

17. INFORMANT (ADDRESS) Miss Clara Moore 3643 Baltimore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 1/8/38 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Mo.

20. FILED Jan 7 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan-5- 1938, to Jan-6- 1938.

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Broncho-Pneumonia	
89	

Other contributory causes of importance: Diabetes mellitus

Name of operation none Date of

What test confirmed diagnosis? autopsy urinalysis 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) 713 med arts bldg Kansas City, Mo

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FEB 1[illegible] 1938

BUREAU OF VITAL STATISTICS
M.C. STATE BOARD OF HEALTH

Sam Snider
Med. Cert Bldg.