

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

Do not use this space.

36938

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. Trinity Lutheran Hosp.)

Registration District No. 399

File No. 5587
Registered No. 5587
St. Richmond Ward

2. FULL NAME

Mrs. Mary Moberly

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

Length of residence in city or town where death occurred - yrs. - mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fraustfort
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Frank Starks
(Address) Rayville Mo. RR #1

15. FILED 11/14, 1928 M. M. Coome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 5 1928, to Nov 13 1928 that I last saw her alive on Nov 13 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Generalized Peritonitis
12-18 (duration) yrs. mos. 3 day
12-18
12-18 (duration) yrs. mos. 4 day
CONTRIBUTORY (SECONDARY) Intestinal Obstruction
No Perforated Appendix (duration) yrs. mos. 4 day

18. WHERE WAS DISEASE CONTRACTED Richmond Mo.
IF NOT AT PLACE OF BIRTH, DATE OF Nov 6-28
DID AN OPERATION PRECEDE DEATH? Yes
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS operation
(Signed) George B. Harbo
11/14, 1928 (Address) Kansas City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Mo DATE OF BURIAL Nov 15 1928

20. UNDERTAKER Ethiopian ADDRESS Richmond Mo

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.

