

133 LOCAL FILE NUMBER

KANSAS STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
MARIE E. MOORE		2. Female		3. April 12, 1976	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro		AGE—LAST BIRTHDAY (YEARS) 5a. 67		DATE OF BIRTH (MONTH, DAY, YEAR) 6. Jan. 30, 1909	
7b. CITY, TOWN, OR LOCATION OF DEATH Salina		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. John's Hospital	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Downs, Kansas		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Eugene Moore		12. SOCIAL SECURITY NUMBER 509-54-0622		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	
13b. KIND OF BUSINESS OR INDUSTRY Home		14a. RESIDENCE—STATE Kansas		14b. COUNTY Graham	
14c. CITY, TOWN, OR LOCATION Bogue		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) No		14e. STREET AND NUMBER Rt. #1	
15. FATHER—NAME FIRST MIDDLE LAST Alonzo G. Alexander			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Eugenia H. Garland		
17a. INFORMANT—NAME Eugene Moore			17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Rt. #1, Bogue, Kansas 67625		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <i>Spasm Negative Bacterium</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Septicemia</i> DUE TO, OR AS A CONSEQUENCE OF: (c)					4 hours 10 hours
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a. <i>Yes</i>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <i>Yes</i>					
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DATE OF INJURY (MONTH, DAY, YEAR)		20c. HOUR	
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		20e. INJURY AT WORK (SPECIFY YES OR NO)		20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		20h. MONTH		20i. DAY	
20j. YEAR		20k. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		20l. I DID/DID NOT VIEW THE BODY AFTER DEATH.	
20m. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR)		20n. MONTH		20o. DAY	
20p. YEAR		20q. HOUR		20r. M.	
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			21b. TO		
21c. DATE OF DEATH			21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.		
21e. MONTH			21f. DAY		
21g. YEAR			21h. HOUR		
21i. M.			21j. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			22b. THE DECEDENT WAS PRONOUNCED DEAD		
22c. MONTH			22d. DAY		
22e. YEAR			22f. HOUR		
22g. M.			22h. DEGREE OR TITLE		
23a. CERTIFIER—NAME (TYPE OR PRINT) Dr. John C. Mitchell			23b. SIGNATURE		
23c. DATE SIGNED (MONTH, DAY, YEAR) May 10, 1976			23d. MAILING ADDRESS—CERTIFIER		
23e. STREET OR R.F.D. NO.			23f. CITY OR TOWN		
23g. STATE			23h. ZIP		
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal/Burial		24b. CEMETERY OR CREMATORY—NAME SPENCER CHAPEL Nicodemus Cemetery		24c. LOCATION HILL CITY Graham County, Kansas	
24d. DATE (MONTH, DAY, YEAR) April 16, 1976		24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Ryan Mortuary, 137 N. Eighth St., Salina, Kansas 67401			
25a. FUNERAL DIRECTOR—SIGNATURE S. Ryan			25b. REGISTRAR—SIGNATURE D. Hansen		
25c. DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1976			25d. ZIP		