

133  
LOCAL FILE NUMBERKANSAS STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

379-4

STATE FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST MARIE E. MOORE			2. SEX Female		3. DATE OF DEATH (MONTH, DAY, YEAR) April 12, 1976		
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro		5a. AGE—LAST BIRTHDAY (YEARS) 67		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MIN.	
6. DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 30, 1909		7a. COUNTY OF DEATH Saline					
7b. CITY, TOWN, OR LOCATION OF DEATH Salina			7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) 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		13a. 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 67625		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 M.		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)			
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		21b. TO		21c. AND LAST SAW HIM/HER ALIVE ON		21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21e. 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. HOUR OF DEATH M.		22c. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR		22d. HOUR M.	
23a. CERTIFIER—NAME (TYPE OR PRINT) Dr. John C. Mitchell		23b. SIGNATURE		23c. DEGREE OR TITLE M.D.		23d. DATE SIGNED (MONTH, DAY, YEAR) May 10, 1976	
23e. MAILING ADDRESS—CERTIFIER		23f. STREET OR R.F.D. NO.		23g. CITY OR TOWN		23h. STATE	
23i. ZIP		23j. United Building		23k. Salina, Kansas		23l. 67401	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal/Burial		24b. CEMETERY OR CREMATORY—NAME SPENCER CARPENTER 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. Harner		25c. DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1976			