WE

OCT 24 1927

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

Do not use this space.

26607

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 239

City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME James Edmond Moss

(a) Residence. No. 244 N. D. St. St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	10	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Williamsville (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER J. Earl Moss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wayne Co. (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Hazel Boyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greenville (STATE OR COUNTRY) Mo.

14. INFORMANT J. Earl Moss (Address) 244 No. D. St. Poplar Bluff Mo.

15. FILED 10/7 1927 W. S. Barley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1927 to Sept 3, 1927 that I last saw b..... alive on ....., 19....., and that death occurred, on the date stated above, at 2:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis

11 9B 113B

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Alfred A Carr, M. D

10/7, 1927 (Address) Poplar Bluff, 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: Keener, Mo. — DATE OF BURIAL: Sept 5 1927

20. UNDERTAKER: A W Greer, Poplar Bluff Mo. — ADDRESS

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.