

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

Do not use this space.

9577

1. PLACE OF DEATH
 County Laclede Registration District No. 449
 Township Lohman Primary Registration District No. 4267
 City Lohman (No. _____) St. _____ Ward _____

2. FULL NAME Jay O. Mossey
 (a) Residence No. _____ 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.

File No. _____
 Registered No. 1442

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) June 16-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 17

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Mrs. Mossey

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

12. MAIDEN NAME OF MOTHER Ellen Henchey

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

14. INFORMANT Mrs. Ope Mi Lee
 (Address) Lohman Mo.

15. FILED 3/10, 1928 J. W. Secor
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 28, 1928 to Mar 2, 1928 that I last saw him alive on Mar 2, 1928 and that death occurred, on the date stated above, at 3:45 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular tuberculosis

(duration) yrs. 6 mos. ds.
 CONTRIBUTORY (SECONDARY) 31
 (duration) yrs. _____ mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physicall exam
 (Signed) P. Thompson, M. D.
 , 19 (Address) Lohman 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 Lohman Mo. DATE OF BURIAL 3-4 1928

20. UNDERTAKER Robur ADDRESS Lohman

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.

