

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

Do not use this space.

39330

1. PLACE OF DEATH

County Barry Registration District No. 30 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3003 Registered No. 5  
City Monett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edward Preston Moss

(a) Residence No. 440 W. Dunn 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (wid-) WIFE of Mrs Margaret Moss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 1850

7. AGE YEARS MONTHS Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 | 4 | 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Moss

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

12. MAIDEN NAME OF MOTHER Sarah Mosley

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

14. INFORMANT Mrs Margaret Moss  
(Address) Monett Mo

15. FILED 12-24-28 W. M. West  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1928 to Dec 20 1928, and that I last saw him alive on Dec 20 1928, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of face  
FR  
5 1/2 (duration) 1 yrs. 9 mos. ds.  
CONTRIBUTORY 48  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

18 Did an OPERATION PRECEDE DEATH, \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) L. H. Ferguson, M. D.  
, 19 (Address) Monett, 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 DATE OF BURIAL

L.O.O.7 12/24 1928

20. UNDERTAKER ADDRESS

Callaway Monett Mo

K. R.—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.

1929

