WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

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1. PLACE OF DEATH
County: Buchanan — Registration District No.: 1001 — File No.:
Township: — Primary Registration District No.: — Registered No.: 48
City: St.Joseph. (No. 1315 So.16th.St. St. Ward)

2. FULL NAME: William F.Moross
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hulda A.Moross

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June,9,1865

7. AGE: Years 63 — Months 7 — Days 0 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Railway flagman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Burlington R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Frederick Moross
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Caroline Cressman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs.Hulda Moross
(Address) 1315 So.16th.St.

15. FILED JAN 11 1929 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan,9,1929 19

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to Jan 9, 1929 that I last saw him alive on Nov 14, 1929, and that death occurred, on the date stated above, at 1.35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46 Carcinoma of Stomach
44 A About 1 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(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? Clinical findings
(Signed) H W Carle, M. D
1/11, 1929 (Address) 301 P.T.S. Bldg

*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: Ashland Cemetery — DATE OF BURIAL: Jan,11, 1929

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.