

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.

MAR 27 1930

5507

File No. _____
Registered No. 1552
St. _____ Ward _____

1. PLACE OF DEATH
County Saline Registration District No. 449
Township Station Primary Registration District No. 421
City Station (No. _____) St. _____ Ward _____

2. FULL NAME Mary Moses
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1930
17. I HEREBY CERTIFY, That I attended deceased from Feb 20
1930 to Feb 20, 1930
that I last saw h. alive on Feb 20, 1930, and that death occurred, on the date stated above, at 11:00 A.M.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro Spinal Meningitis
79B

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1927
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 8 8

CONTRIBUTORY (SECONDARY) 71W
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. no

9. BIRTHPLACE (CITY OR TOWN) Camden Co.
(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
(Signed) P. Thompson M. D.
.19 (Address) helbaron mo

10. NAME OF FATHER J. R. Moses

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

12. MAIDEN NAME OF MOTHER Stella Rucker

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

*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.

14. INFORMANT J. R. Moses
(Address) Helbaron Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hill DATE OF BURIAL 2/21 1930

15. FILED 2/20 1930 J. M. Bullock REGISTRAR

20. UNDERTAKER Bullock ADDRESS Helbaron Mo.

