

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

Do not use this space.  
12. 19490  
7.  
File No. \_\_\_\_\_  
Registered No. **2485**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township How Primary Registration District No. 1002  
City N. P. 2nd (No. 1123 Norton) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James F. De Moss  
(a) Residence No. 1123 Norton St. 12 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena De Moss  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-21-1868  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 2 22  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work City Employee  
(b) General nature of industry, business, or establishment in which employed (or employer) Street Foreman  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
10. NAME OF FATHER no Record  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record  
12. MAIDEN NAME OF MOTHER no record  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Mrs. Lena De Moss  
(Address) 1123 Norton, ave  
15. FILED 6/15 1930 M. M. Coroue REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apnea Myocardia  
930  
71  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) arterio sclerosis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
18. WHERE WAS DISEASE CONTRACTED 90B  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS autopsy  
(Signed) Stanley M. Hall  
6/13 1930 (Address) Deputy Coroner  
\*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 Forest Hill DATE OF BURIAL 6-16-1930  
20. UNDERTAKER Mrs. C. L. Forster ADDRESS N. P. 106

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.

