

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.

NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Cassaway  
Township                       
City Fulton (No.                     )

Registration District No. 104  
Primary Registration District No. 3002

File No. 32250  
Registered No. 232  
St.                      Ward                     

2. FULL NAME

Laura Ann Moss

(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

3. SEX Female 4. COLOR OR RACE White 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) Oct. 19, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 — 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeper  
(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) Missouri

10. NAME OF FATHER J. M. Moss  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER W. K.  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Laura Moss (Address) Fulton, Mo.

15. FILED Oct 30 1930 R. N. Prews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/29/30 19 30

17. I HEREBY CERTIFY, That I attended deceased from 10/22/30 to 10/29/30, 19 30 that I last saw her alive on 10/29/30, 19 30, and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis Pulmonary.  
Length of time undetermined, I have known her only for last 4 years.  
298 (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? P. E.  
(Signed) Laura Moss, M. D. Fulton Mo.  
, 19 30 (Address)

\*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 Millersburg Cemetery DATE OF BURIAL Oct. 30 1930

20. UNDERTAKER Les G Wallace ADDRESS Fulton

1914