

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

6403
48

1. PLACE OF DEATH

County Montgomery
Township
City Montgomery City

Registration District No. 592
Primary Registration District No. 4350

File No.
Registered No.
St. Ward

2. FULL NAME

Elizabeth Moss

(a) Residence, No. St. Ward.

(Usual place of abode) 8 yrs. mos. ds. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife 235
(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) Montgomery County 1

PARENTS

10. NAME OF FATHER James Tatum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina. 2
12. MAIDEN NAME OF MOTHER Lucretia Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County 1

14.

INFORMANT Earl Moss
(Address) Montgomery City

15.

FILED 3/10 1931 D. J. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, at Feb 28, 1931, that I last saw her alive on Feb 28, 1931, and that death occurred, on the date stated above, at 11.30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
Hemiplegia

82A (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) 82A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF March 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) E. W. Ginsley, M. D.

3/8 1931 (Address) Montgomery

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Montgomery City

DATE OF BURIAL

Mar. 1 1931

20. UNDERTAKER

F. E. Kidwell

Montgomery City

ADDRESS

Montgomery City

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.

MAR 25 1931

