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.

File No. 9771

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Jackson — Primary Registration District No.

City Kaw (No. 329 Spruce Ave. St. Ward)

2. FULL NAME Alice Moss Fuller

(a) Residence. No. 329 Spruce Avenue St., 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Le Roy W. Fuller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 12, 1880

7. AGE: Years 50 — Months 10 — Days 19 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home 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): Kansas

PARENTS

10. NAME OF FATHER: Henry E. Moss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penna

12. MAIDEN NAME OF MOTHER: Mary J. Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penna

14. INFORMANT: Le Roy W. Fuller
(Address) 329 Spruce Ave

15. FILED 3/3, 1931 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from ___, 19__, to 3-1-, 1931 that I last saw her alive on 3-1-, 1931, and that death occurred, on the date stated above, at 11:30A. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of left breast. 50

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 50

(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? Pathological

(Signed) Chas T. Border, M.D.

3/2, 1931 (Address) 306 Amer. Sec. Bldg. K.C. Mo.

*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~~: Floral Hill's Cem. — DATE OF BURIAL: 3/3 1931

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Pla.

Dr. Chas. T. [illegible]
American Security Bldg
1200 Oak St.
in until 8 P.M.