

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

Do not use this space.

28626

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township Galena Primary Registration District No. 200 Registered No. _____
 City Jasper (No. Greenman Hospital) Ward _____

2. FULL NAME

(a) Residence, No. Greenman Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 M 4. COLOR OR RACE W 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) about 1906
 AGE YEARS MONTHS DAYS about 25 LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo

FATHER 13. NAME Walter Moss 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Lacy 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cartersville Mo

17. INFORMANT (ADDRESS) William Moss

18. BURIAL, CREMATION OR REMOVAL PLACE Jasper Mo 9-3-31

19. UNDERTAKER (ADDRESS) Jasper Mo

20. FILED Sept 4 1931 W. A. Benson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept 1, 1931.
 I last saw deceased alive on Sept 1, 1931. Death is said to have occurred on the date stated above, at 10-46 P.
 The principal cause of death and related causes of importance were as follows:
Internal hemorrhage from gun shot wound Date of onset Aug 31
173
10313
 Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? request Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide homicide Date of injury Aug 31, 1931
 Where did injury occur? at 2 P. Greenman Hospital (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury gun shot
 Nature of injury gun shot wound

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Wm. Simmons, M. D.
 (Address) Coroner, Jasper Co.

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.

SEP 2 1931

