

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

32127

1. PLACE OF DEATH  
 County Pike Registration District No. 683  
 Township Ashley Primary Registration District No. 4407  
 City Ashley (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Grace Clark Williams Moss

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**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 Wm Edw. Moss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11-1897

|        |           |           |           |  |
|--------|-----------|-----------|-----------|--|
| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, _____ hrs. or _____ min. |
|        | <u>53</u> | <u>11</u> | <u>25</u> |  |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pike Co.  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Eugene C. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co.  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Martha W. Dawson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co.  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Floyd Wright  
 (Address) New Hartford Mo

15. FILED 9/17, 1931 R. W. Hetherlin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/6 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1929, to Sept. 6, 1931 that I last saw her alive on Sept. 6, 1931, and that death occurred, on the date stated above, at 12:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy

82A (duration) yrs. mos. 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 \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. M. McInnes, M. D.  
9/7, 1931 (Address) Ashley Mo.

\*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 Indian Cr. Cemetery DATE OF BURIAL 9-8-1931

20. UNDERTAKER Gracie Bonchead ADDRESS Bowling Green Mo

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.

OCT 24 1931

