

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.

DEC 21 1931

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

Do not use this space.

40376

40286

1. PLACE OF DEATH

County Carter Registration District No. 143
 Township Carter Primary Registration District No. 5205
 City Van Buren (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

James 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martitia Flemming</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3, 1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miller</u>		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Flour</u>		11. Total time (years) spent in this occupation <u>30</u>
10. Date deceased last worked at this occupation (month and year) <u>Dec 1, 1931</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hillsboro Illinois</u>		
13. NAME <u>Arnold Moss</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Martitia Holland</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Pearl Carter Van Buren</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Van Buren Cem.</u> DATE <u>Dec. 4, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. C. Cray Van Buren Mo.</u>		
20. FILED <u>Dec 3, 1931 J. W. Cotton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 4 P. M.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage of Brain Date of onset _____
H. P.
J. D.
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify C. C. Sheets, M. D.
 (Signed) _____ (Address) Ellisville Mo

