

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

Do not use this space.

25095

File No. _____
Registered No. 30
St. _____ Ward _____

1. PLACE OF DEATH

County Stoddard Registration District No. 834
Township Rede Primary Registration District No. 4505
City Advance Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Ollie 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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17-1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>4</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Post Office clerk
(b) General nature of industry, business, or establishment in which employed (or employer). 189
(c) Name of employer Miss Mayme Prether

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

10. NAME OF FATHER Robert Scott Moss

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

12. MAIDEN NAME OF MOTHER Rebecca E. Harton

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

14. INFORMANT May Moss
(Address) Advance Mo.

15. FILED 8-5-1933 J. M. Keady
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/28 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1932, to July 27, 1932.
that I last saw her... alive on July 27, 1932, and that death occurred, on the date stated above, at 1.00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Consumption
Tuberculosis of Lungs
23A
(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED at her home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF None

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS arduous test
(Signed) James H. Edwards, M. D.
8-5-1933 (Address) Advance 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 Pleasant Hill Cem. DATE OF BURIAL 7-30-1932

20. UNDERTAKER Lloyd S. Morgan ADDRESS Advance 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.

AUG 27 1933

