

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

Do not use this space.

40253
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1. PLACE OF DEATH

49 County JASPER Registration District No. 411
Township _____ Primary Registration District No. 2202
5 City JOPLIN (No. ST JOHN'S HOSPITAL St. _____ Ward)

2. FULL NAME

FRED S. MOSS-JR.
(a) Residence, No. Anderson Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1902
7. AGE YEARS 30 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
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) McDonald, Mo.
13. NAME Fred S. Moss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Tom Johnson Anderson Mo.
18. BURIAL OR REMOVAL PLACE (ADDRESS) Anderson Mo. DATE Dec 27 1932
19. UNDERTAKER (ADDRESS) Thomas Tatum, Mo.
20. FILED 12 25 B. J. Wilson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-32
22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1932 to 12-23, 1932
I last saw him alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Scarlet fever, followed by acute nephritis and bacterial pneumonia
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 _____
Was disease or injury in any way related to occupation of deceased? _____
(Signed) Jay E. Myers, M. D.
(Address) Joplin Mo.

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.

JAN 24 1933

