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

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

Do not use this space.

1. PLACE OF DEATH

50 County Jefferson — Registration District No. 423 — File No. 45 40320

Township H Rock — Primary Registration District No. 5578 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sadie Moss

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 99 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1865

7. AGE: YEARS 67 — MONTHS 2 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8 235
10. Date deceased last worked at this occupation (month and year) 8
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co - Mo

FATHER
13. NAME Mike Clover
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo.

MOTHER
15. MAIDEN NAME Rogers.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo.

17. INFORMANT (ADDRESS) Elizabeth Moss. Barnhart Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn Cemetery St Louis Co DATE Dec 18 1932

19. UNDERTAKER (ADDRESS) Wm F. Barnhart Crystal City Mo.

20. FILED 12/17 1932 H Wm Ebel Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1932 to Dec 15 1932

I last saw her alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

466

Other contributory causes of importance: Carcinoma Liver Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify

(Signed) O F Reich MD M. D.
(Address) Kimmswick Mo R.F.D. #2