

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

Do not use this space.

2520

**1. PLACE OF DEATH**

7. County Newton Co. Registration District No. 615  
Township Manass Primary Registration District No. 5817  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. 2

**2. FULL NAME**

Wilton G. 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13 - 1932</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>13</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>X</u>
	10. Date deceased last worked at this occupation (month and year)	<u>X</u>
	11. Total time (years) spent in this occupation	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Newton Co. Mo</u>
	13. NAME	<u>Harvey Moss</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Jasper Co. Mo</u>
	15. MAIDEN NAME	<u>Grace Richman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Newton Co. Mo</u>
	17. INFORMANT (ADDRESS)	<u>Harvey Moss Diamond R. 2. Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Stony Brook</u> DATE <u>Jan 29</u> 19 <u>33</u>
	19. UNDERTAKER (ADDRESS)	<u>J. C. Suller Diamond Mo</u>
	20. FILED	<u>Jan 28</u> 19 <u>33</u> <u>W. G. Chapman</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1933  
22. I HEREBY CERTIFY That I attended deceased from Jan. 20 1933 to Jan. 28 1933  
Last saw alive on Jan 22 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Capillary Pneumonia

Date of onset

Other contributory causes of importance:

Spasmodic Cramp

Name of operation none Date of .....  
What test confirmed diagnosis? none 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) R. P. Chapman M. D.  
(Address) Diamond Mo

