

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

Do not use this space.

6576

1. PLACE OF DEATH
 County Monroe Registration District No. 5875
 Township Woodlawn Primary Registration District No. 15-85
 City (No.) St. Ward

2. FULL NAME Robert M. Moss
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/8-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2/13-1933 11. Total time (years) spent in this occupation Life

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

13. NAME Harold Moss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

15. MAIDEN NAME Mary D. Limes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Robert Moss (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Sum Bethel DATE 2/15 1933

19. UNDERTAKER Fred A. Thompson (ADDRESS)

20. FILED 2/14 1933 P. McBuilding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1933 1933, to 1933, 1933.
 I last saw him alive on 2/10, 1933. Death is said to have occurred on the date stated above, at 5 m.
 The principal cause of death and related causes of importance were as follows:
Angina pectoris
 Other contributory causes of importance: 9/11/33

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, 1933
 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
 (Signed) H. J. Johnson M. D.
 (Address) Wasson

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.

WHILE I LIVE WITH CHANGING IN THIS IS A PLAIN RECORD

