

MAY 25 1934

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

Do not use this space.

19260

84

1. PLACE OF DEATH

County Vernon Registration District No. 825
Township Clinton Primary Registration District No. 3039
City Nevada (No. St. Ward)

2. FULL NAME Charles M. 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 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mattie Ewing Moss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5, 1879</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>1</u>
	DAYS <u>3</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>Raising & Stock</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Raising & buying</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934
22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to May 8, 1934
I last saw him alive on May 7, 1934. Death is said to have occurred on the date stated above, at 8:10 am.

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

Primary adenocarcinoma of liver
Date of onset 6-33

Other contributory causes of importance: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Marcellus J. Moss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Jane Elizabeth Maupf

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

17. INFORMANT Earnest Moss (ADDRESS) Dulon Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial DATE May 9, 1934

19. UNDERTAKER Allen V. King (ADDRESS) Nevada, Mo.

20. FILED 5/10, 1934 W. M. Tenn Registrar

Name of operation Date of
What test confirmed diagnosis Section 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) W. M. Tenn M. D.
(Address) Nevada, 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.

MISSOURI STATE BOARD OF HEALTH RECORD

