

NOV 15 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County JasperRegistration District No. 417Township Webb CityPrimary Registration District No. 3021City Webb City (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 5037 N. Main 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21, 1933</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>14</u>	DAYS <u>6</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Child</u>
	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) Joplin Mo.13. NAME John R. Moss14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Mo.15. MAIDEN NAME Mary E. Stout16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo.17. INFORMANT J. R. Moss  
(ADDRESS) 5037 N. Main18. BURIAL, CREMATION, OR REMOVAL  
PLACE Webb City Cem. DATE Oct 29, 193419. UNDERTAKER Webb City Undert. Co.  
(ADDRESS) Webb City, Mo.20. FILED 29, 1934 J. L. Craig  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 193422. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934, to Oct 27, 1934I last saw her alive on Oct 27, 1934. Death is saidto have occurred on the date stated above, at 12:30 m.

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

Date of onset

Child in utero  
1198

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) C. J. Gregory(Address) Webb City, 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.

36435

File No. \_\_\_\_\_

Registered No. 101

