

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.

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

Do not use this space.

DEC 19 1934

40315

1. PLACE OF DEATH
County Pettis Registration District No. 672
Township Decatur Primary Registration District No. 5895
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Robert P. 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 2 1/2 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 21

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

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) _____ 11. Total time (years) spent in this occupation 25

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

13. NAME Robert Moss

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

15. MAIDEN NAME Mary Weathers

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

17. INFORMANT (ADDRESS) Mrs Isla Moss
Decatur Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Decatur DATE 11-28-34

19. UNDERTAKER (ADDRESS) B. F. Varner
Decatur Mo

20. FILED Nov 30, 1934 J. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934 to Nov 26, 1934
I last saw him alive on Nov 26, 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:
1310 151
Chloroform Poisoning 1-?
Arteriosclerosis 2-1/2
Ch. Infarction of Myocardium 3-4
Other contributory causes of importance:
None
Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical & Laboratory 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) Frank B. Kemp, M. D.
(Address) Decatur, Mo.

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V.