

SEP 24 1935

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

Do not use this space.

27156

1. PLACE OF DEATH

County Miss. Married Registration District No. 604
Township Saratoga Primary Registration District No. 5-209
City Portageville (No. _____) St. _____ Ward _____

2. FULL NAME

T. Mossee Eduwaster
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Living apart from wife

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hall, Tenn

13. NAME Tom Eduwaster

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

15. MAIDEN NAME Eva Hubbard

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

17. INFORMANT (ADDRESS) Calvin Hancy

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 19__ Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/31 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/30 1935 to 9/30 1935

I last saw him alive on 9/30 1935 Death is said to have occurred on the date stated above, at 1 P.m.

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

Intestinal Obstruction Date of onset

Other contributory causes of importance: Excessive eating

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) J. W. Bess, M. D.
(Address) Portageville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1955

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Registration District No. 604 File No. 27156
 Township St. Louis Primary Registration District No. 5-805 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mosser Eduard
 (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 m 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF separated
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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, months, and days) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartmann
 13. NAME Tom Edwards
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Eva Hubbard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Calvin Harvey
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hall Lane DATE 9/2-35
 19. UNDERTAKER (ADDRESS) R.M. Payne mo
 20. FILED 10/28/35 wm. O. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1935
 22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1935, to 8-30, 1935
 I last saw him alive on 8-30, 1935 Death is said to have occurred on the date stated above, at P. m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction
acute Intestinal Ob-
struction. No further
diagnosis made.
 Other contributory causes of importance:
Excessive eating

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) J. H. Beas, M. D.
 (Address) Portageville

CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important.

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