

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

NOV 23 1936

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

Do not use this space.

40747

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 297
St. Ward

2. FULL NAME

(a) Residence, No. 318 N Elm St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1854

7. AGE	YEARS	MONTHS	DAYS	8. IF LESS than 1	
				day, hrs.	or min.
	<u>82</u>	<u>2</u>	<u>21</u>		

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. Retired

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) Madison Co. Ill.

13. NAME No information

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

15. MAIDEN NAME Do

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

17. INFORMANT (ADDRESS) Mrs. Claudy Bartlett

18. BURIAL, CREMATION, OR REMOVAL Funeral Home DATE Nov 3 1936

19. UNDERTAKER (ADDRESS) Newton Tamm

20. FILED 71-2-1936 W. Bradford M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 2 - 1936

22. I HEREBY CERTIFY, That I attended deceased from I did not attend deceased
I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Myocarditis
Infirmity of age

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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

(Address) Dr. P. E. Weaver, Evansville, Ind.

(Address) Russellville, Mo.

