

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. H13 File No. 6847
Township Muscular Primary Registration District No. 5559C1 Registered No. 12
City W.C. Hospital (No. _____) St. _____ (Ward) _____

2. FULL NAME

(a) Residence, No. 703 No. Holden St. _____ Ward. Jasper
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 6 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 (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 7 28

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

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) Canon City Mo

13. NAME John S. Moss

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

15. MAIDEN NAME Mary Hoard

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE W.C. Hospital DATE Feb 6, 1937

19. UNDERTAKER (ADDRESS) West City Undertaking Co

20. FILED 2-15 1937 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1936 to Feb 6, 1937

I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 8:45 m.

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

Silicosis Tuberculoin
Miliary Tuberculoin
Tuberculoin Meningitis

Date of onset

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? Specimen 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? Yes
If so, specify _____

(Signed) James E. Douglas M. D.

(Address) West City

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.

