NOV 19 1937

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

Do not use this space.

File No. 38082

Registered No.

1. PLACE OF DEATH

County Lawrence — Registration District No. 415

Township Springfield — Primary Registration District No. 5639

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Margaret M. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF ~~(OR) WIFE~~ OF Edward P. Moss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1850

7. AGE: Years 86 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Illinois

FATHER

13. NAME Gisham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME " "

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

17. INFORMANT Mrs. W. R. Shipman
(ADDRESS) Monett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. DATE Oct 29 1937

19. UNDERTAKER Callaway
(ADDRESS) Monett Mo

20. FILED 11/10 1937 C. J. Ruble
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10 1937, to Oct 27 1937, I last saw h.. alive on Oct 27 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

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

	Date of onset
Acute Heart block	10-27-37
(Had had no digitalis)	

Other contributory causes of importance:

Myocardial degeneration	7-1937
Auricular fibrillation (acute)	10-27-37

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? No

If so, specify .....

(Signed) Ernest Mitchell, M. D.

(Address) Monett Mo

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