

REC'D MAY 24 1938

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

Do not use this space.

16008

## 1. PLACE OF DEATH

County Shannon  
Township Boland  
City                      (No.                     )

Registration District No. 824  
Primary Registration District No. 6026C077

File No.                       
Registered No.                      St.                      Ward                     

## 2. FULL NAME

Bessie Marden Moss  
(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Thomas H. Moss.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 1865</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>1</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min. <u>                    </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>	
	10. Date deceased last worked at this occupation (month and year) <u>4/27-38</u>	
	11. Total time (years) spent in this occupation <u>50y</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Geo. Marden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Louiza Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>F. C. Moss</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mass Cem.</u> DATE <u>5/1</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>none</u>		
20. FILED <u>5-6-</u> 19 <u>38</u> <u>Frank Hyde, M.D.</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1938, to 4/30, 1938. I last saw her alive on 4/29, 1938. Death is said to have occurred on the date stated above, at 8.00 P. M.  
The principal cause of death and related causes of importance were as follows:  
Cerebro Apoplexia Date of onset                     

Other contributory causes of importance:  
Hypertension - Phlebotomy

Name of operation none Date of                       
What test confirmed diagnosis?                      Was there an autopsy? no

28. 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) E. P. Hall, M. D.  
                     (Address)



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

16008  
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1. PLACE OF DEATH

(a) County Shannon Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City ..... (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie M. Jones  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 1 16

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

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/2 1935

J. B. Ralls  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h. .... alive on ....., 19..... Death is said to have occurred on the date listed above, at..... m.

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

Cerebral apoplexy Date of onset

10/1  
Other contributory causes of importance: hypertension, Chronic arteriosclerosis

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) L. B. Ralls M. D.  
(Address) 3 Ellington mo

SUPPLEMENTARY

REC'D. WILL NOT RECEIVE A FURTHER CERTIFICATE IS UNTIL THEY ARE COMD

S-16008 1938