

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

Do not use this space.

*Habit 1928* X

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 3079  
 City Hannibal (No. 1808 Hope) St. 6th Ward) 119

**2. FULL NAME**

Thelma Jean Moss  
 (a) Residence. No. 808 Hope St. 6th Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19-1928

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work child  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo

10. NAME OF FATHER Jesse Moss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Tristy Griggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo

14. INFORMANT Jesse Moss (Address) 1808 Hope Ave.

15. FILED 5/3 28 C. Estroff REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 19 28

17. I HEREBY CERTIFY That I attended deceased from 4-19, 1928, to 5-2, 1928 that I last saw h. alive on 5-2, 1928, and that death occurred, on the date stated above, at 6 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Return 159  
1610 660  
 (duration) yrs. mos. da. 3  
 CONTRIBUTORY (SECONDARY) Prematurity  
 (duration) yrs. mos. da. 13

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. H. Sexty M. D. (Address) Hannibal Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Olivet DATE OF BURIAL May 3 19 28

20. UNDERTAKER Mrs M. Smith ADDRESS 1

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

*1928*

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