WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 23764

Township: Kaw — Primary Registration District No.: [illegible] — Registered No.: 28911

City: K. C. Mo (No. 5614 Victor Ave St. ..... Ward)

2. FULL NAME Horaito Marcella Moss

(a) Residence. No. 5614 Victor St., 14 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: male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-27-1850

7. AGE: Years 77 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

PARENTS

10. NAME OF FATHER: Hiram Moss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.

12. MAIDEN NAME OF MOTHER: No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT: Neoma Moss (Address) 5614 Victor

15. FILED 7/5, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 4, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 4, 1928, that I last saw h..... alive on July 1, 1928, and that death occurred, on the date stated above, at 11:45 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Thrombosis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

74B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tending

(Signed) Victor Joseph Mahler, M. D.

7/5, 1928 (Address) 915 Wyandotte Bldg

*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: Mon Park, K.R.K. — DATE OF BURIAL: 7/6/1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K C Mo.

[illegible]