

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

Do not use this space.

10410

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.

24:1929
PLACE OF DEATH
County Henry

Registration District No. 347

File No. _____

Township Bethlehem

Primary Registration District No. 5489A

Registered No. 45

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Clarence Fred 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30, 1929

7. AGE YEARS MONTHS DAYS H LESS than 1 day, _____ hrs. _____ min.
— 0 1 18

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) Henry Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Geo Moss.

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

12. MAIDEN NAME OF MOTHER Grace Wine

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

14. INFORMANT Mrs. Jim Jones
(Address) Clinton, Mo. R.R. #

15. FILED mar 19 1929 Dr. E. C. Peeler
REGISTRAR per J.H.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1929

17. I HEREBY CERTIFY That I attended deceased from Mar. 11, 1929, to Mar. 18, 1929, that I last saw him alive on Mar. 17, 1929, and that death occurred, on the date stated above, at 7:30 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diarrhea and Enteritis
1196
1196 (duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY) Tetany
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1196
NOT AT PLACE OF BIRTH no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) E. C. Peeler, M. D.
, 19 (Address) Clinton 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 Bethlehem Cemetery DATE OF BURIAL Mar. 19 1929

20. UNDERTAKER Spore & Son ADDRESS Clinton, Mo.

