

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

Do not use this space.

17622

1. PLACE OF DEATH

County Clay
Township Platte
City (No. _____) _____

Registration District No. 203
Primary Registration District No. 5281

File No. _____
Registered No. _____

2. FULL NAME

Louis Floyd De Moss

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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)

6-19-1927

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
1	10	24	

8. OCCUPATION OF DECEASED

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

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

Clay Co., Mo.

10. NAME OF FATHER

Thos. De Moss

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

Platte Co. Mo.

12. MAIDEN NAME OF MOTHER

Mary D. Piles

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

Clay Co. Mo.

14. INFORMANT (Address)

Thos. De Moss
Trumbull, Mo., R.F.D.

15. FILED

7/10, 1929 E. C. Hill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 5-15-1929

17. I HEREBY CERTIFY, That I attended deceased from May 6th, 1929 to May 16th, 1929 that I last saw him alive on May 16th, 1929 and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis
10/6/29

CONTRIBUTORY (SECONDARY)

9 M (duration) yrs. mos. 10 ds.
9 M (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. P. Ruppel, M. D.

5-16, 1929 (Address) Bonethville Mo., R#2

*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

Paradise Mo. DATE OF BURIAL 5-16-1929

20. UNDERTAKER

McLomas Undert. Co. Bonethville Mo.

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

