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

Do not use this space.

37281

1. PLACE OF DEATH
County St Louis — Registration District No. 790
Township Central — Primary Registration District No. 6033
City Brentwood (No. 1908 N & S. Rd. St. Ward)

File No.
Registered No.

2. FULL NAME John Lewis Moss
(a) Residence. No. 1908 N & S. Rd St., Ward. Brentwood Mo
(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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 5-1862

7. AGE: YEARS 62 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contractor
(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): Mo.

PARENTS
10. NAME OF FATHER: Kendall Moss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Anna Carthry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Evelena Moss
(Address) 1908 N & S. Rd - Brentwood Mo

15. FILED Nov. 18, 1930 K. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-17- 1930

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1930, to Nov. 17, 1930 that I last saw him alive on Nov. 17, 1930, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): [illegible]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R H Williams, M. D.
Nov. 17, 1930 (Address) 9421 Manchester St. Louis 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: Bellefontaine Cemtry — DATE OF BURIAL: 11/20/ 1930

20. UNDERTAKER: Louis H. Bopp — ADDRESS: Kirkwood Mo

N. B.—Every item of information should be carefully supplied. AGE should be exact. ... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

68

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

N. B.—Dates of birth, death, marriage, etc. should be written in full. Ages should be given in years, months and days. If it may be necessary to establish a property claim, the statements of OCCUPATION should be very important.

CAUSE OF DEATH

REGISTRARS RECEIVE A FEE FOR CERTIFICATES THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH. County: St Louis Registration District No. 496 File No.
Township: Central Primary Registration District No. 6033 Registered No.
City (No. St. Ward)

2. FULL NAME John Lewis Moss

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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) Aug 5 - 1862

7. AGE: Years 68 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

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10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED Nov 18, 1930 K. W. Dullenan
REGISTRAR

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(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
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(Signed) , M. D
, 19 (Address)

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

S-37281