

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.

OCT 22 1931

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

Do not use this space.

**30559**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township ..... Primary Registration District No. 1001  
 City St Joseph (No. Ambulance entrance Mo. Methodist Hosp. ..... Ward)

File No. ....  
 Registered No. 921

**2. FULL NAME** Archie De Moss

(a) Residence, No. 526 South 10 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. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
20 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Radio builder  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Make radios  
 10. Date deceased last worked at this occupation (month and year) April, 1931 11. Total time (years) spent in this occupation 3yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melvorn Kansas

13. NAME Edgar DeMoss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Alice Cochran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Ill.

17. INFORMANT (ADDRESS) Edgar DeMoss, Atchison Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison Kansas DATE Sept. 7 1931

19. UNDERTAKER (ADDRESS) H. C. Schufach, 1802 Union st., St. Joseph Mo.

20. FILED 9-6 1931 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5 1931

22. I HEREBY CERTIFY, That I viewed remains

....., 19....., to....., 19.....  
 I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Homicide by fire ARMS,  
Shot by Police in attempted  
Hold up.

Date of onset

Other contributory causes of importance: none

Date of operation..... Date of.....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/5 1931

Where did injury occur? Near St. Joseph Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Publick Place

Manner of injury Bullet wound

Nature of injury thro chest

24. Was disease or injury in any way related to occupation of deceased? TTD

If so, specify.....

(Signed) B. W. Taddler Coroner, M. D.

(Address) 621 Francis

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