

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

Do not use this space.

9321

1. PLACE OF DEATH

69 County Monroe
4 Township
2 City Paris (No.)

Registration District No. 582
Primary Registration District No. 4344

File No. 19
Registered No.
St. Ward

2. FULL NAME

Harry Lee Moss
(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 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) Feb. 12, 1899

7. AGE YEARS 33 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER 13. NAME George Moss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Melissa Barley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 2

17. INFORMANT Melissa Moss (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Mar. 4, 1932

19. UNDERTAKER Speed Blakey (ADDRESS) Paris, Mo.

20. FILED 3/5 1932 J. C. Payer Registrar.

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1932 to Mar 5, 1932
I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at 7:00 A.M.
The principal cause of death and related causes of importance were as follows:

Heart Disease
Myocardial Infarction
Birth Fault
1570
Other contributory causes of importance:
(D)

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Geo. W. Hays M. D.
(Address) Paris, Mo.

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.

APR 28 1932

