AR 24 1933

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

Do not use this space.

85

4786

1. PLACE OF DEATH
County BUCHANAN
Township
City ST. JOSEPH

Registration District No. 1001
Primary Registration District No.
(No. MO. METHODIST HOSPITAL St. Ward)

File No.
Registered No. 180

2. FULL NAME James MOss
(a) Residence, No. St. Vencent Hotel 111 N. 2nd 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	Unknown	Unknown	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unkmown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) " 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) " "
(STATE OR COUNTRY) " "

17. INFORMANT Hospital Records
(ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE Feb 15 1933

19. UNDERTAKER Ramsey Funeral Service
(ADDRESS) 9th & Olive Sts.

20. FILED FEB 15 1933 John R. Beeder Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933, to Feb 13 1933
Last saw h. alive on 1.30 a m Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Emphysema of Chest
1 DA
1 yr

Date of onset

Other contributory causes of importance:
Toxemia

Name of operation Thoracotomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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? No
If so, specify
(Signed) Paul Young, M. D.
(Address) St Joseph Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD