

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH
36 County Franklin Registration District No. 294 File No. 16273
Township Patoka Primary Registration District No. 5409B Registered No. _____
City Marion (No. _____) St. _____ Ward _____

2. FULL NAME George Moss
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>2 dae Fair</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 26, 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>9 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cave Spring Missouri</u>		
FATHER	13. NAME <u>Peter Moss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co</u>	
MOTHER	15. MAIDEN NAME <u>Susan Moss</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. George Moss Annedale Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cave Spring</u> DATE <u>April 23, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Wm Cahen & Co. St. Charles Mo.</u>		
20. FILED <u>May 3, 1937</u> <u>W. H. Duckworth</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10-1937 to 4-21-1937
I last saw him 4-18-1937 alive on 4-18-1937 Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus 4 yrs.
Date of onset _____

Other contributory causes of importance: 59

Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? No

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 W. E. Kitchell M. D.
(Signed) W. E. Kitchell
(Address) St. Charles

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.

