

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

**3343**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Livingston Registration District No. 508  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3026  
 (c) City Chillicothe (d) Street No. 107 Slack Registered No. 186  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Alex Moss 2.00

(a) Residence, No. 107 Slack St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
53 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as 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) Salisbury  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Woodson Moss  
 14. BIRTHPLACE (CITY OR TOWN) Salisbury  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eliza Lewis  
 16. BIRTHPLACE (CITY OR TOWN) Salisbury  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Cary Johnson  
 (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Edgewood DATE 2-1, 1938

19. FUNERAL DIRECTOR F. B. Norman  
 (ADDRESS) Chillicothe, Missouri

20. FILED Feb 1, 1938 Donna M. Lawrence Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to Jan 28, 1938  
 I last saw him alive on Jan 28, 1938. Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:

Atrophic Perforation of Stomach Date of onset 1934

Other contributory causes of importance: 124B1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) A. Callen, M. D.  
 (Address) Chillicothe, 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.

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RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, E. R. Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by Elton F. Norman, Registered Apprentice No. 79

working under my personal supervision.

Signed

*ER Norman*

Licensed Embalmer No. 2374

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**