

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

Do not use this space.

1. PLACE OF DEATH

County RAY  
Township RICHLAND  
City RICHLAND (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3035

File No. 7322  
Registered No. 25  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME FRANK MOSES

(a) Residence, No. \_\_\_\_\_ 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21/36, 19

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) do not know

to have occurred on the date stated above, at 8 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 75 \_\_\_\_\_

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree

Date of onset

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

Chronic Myocarditis  
730

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

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

13. NAME do not know

Name of operation Clinical Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_.

15. MAIDEN NAME \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

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

17. INFORMANT Leonard Kelly  
(ADDRESS) K.S. Mo

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 2/23/36, 19

Nature of injury \_\_\_\_\_

19. UNDERTAKER C. M. Joiner  
(ADDRESS) Richmond Mo

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

20. FILED 3-10, 1936 E E Day  
Registrar.

If so, specify \_\_\_\_\_  
(Signed) C. E. Day, Registrar  
(Address) Richmond

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.

W. Young  
MAR 24 1936

