

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.

MAR 24 1936

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

Do not use this space.

2646

1. PLACE OF DEATH

County Ray Registration District No. 915
Township Shoemaker Primary Registration District No. 6236
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mary Alice Moss
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR)-WIFE OF Eldon Moss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 2 19

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

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) Ray Co Mo.

13. NAME J. J. Torrey

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

15. MAIDEN NAME Jane Kelley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co

17. INFORMANT (ADDRESS) Eldon Moss
Palo Mo R 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Council Mo DATE 19 9 1936

19. UNDERTAKER (ADDRESS) Council Mo

20. FILED Mar 9 1936 Naomic Dale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23 1926, to Jan 8 1936

I last saw her alive on Jan 7 1936. Death is said to have occurred on the date stated above, at 3 P m.

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

Paroxysmal Tachycardia
(Repeated attacks)

Date of onset 1-7-36

Other contributory causes of importance: 23
Pulmonary T.B. 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Chrom 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?
If so, specify _____

(Signed) E. H. Eldon, M. D.
(Address) Palo Mo

100