

127 13 1940

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

Do not use this space.

10630

1. PLACE OF DEATH

County Chariton Registration District No. 171  
Township Keytesville Primary Registration District No. 5237  
City Keytesville (No. 2)

File No. \_\_\_\_\_  
Registered No. 4 St. \_\_\_\_\_ Ward)

2. FULL NAME William Franklin Moss

(a) Residence, No. County Infirmary St. \_\_\_\_\_ Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18 - 1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 5 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. feeble-minded  
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) Mo.

13. NAME Marcelis Moss

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

15. MAIDEN NAME Sarah E. Cassity

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Howard Buchanan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Mar. 13 1940

19. UNDERTAKER Geo. B. Winkelmeyer (ADDRESS) Salisbury, Mo.

20. FILED 3/12 1940 Mr. Ray Barber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1940  
22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1940 to March 12 1940  
I last saw him alive on March 11 1940 Death is said to have occurred on the date stated above, at 8:15 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Generalized arteriosclerosis  
Date of onset 3  
Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) J. L. Hanna M. D.  
(Address) Salisbury Mo.

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.

RECEIVED  
D. R. HENNING OFFICER NO. 8  
District No. Number  
Date Filed 4-9-40