

Moss, Jennie Louise Junk 1865 - 1941

| U. S. DEPARTMENT OF COMMERCE BUREAU OF CENSUS | | STATE OF OHIO DEPARTMENT OF HEALTH | | 65147 |
|--|-----------------------|---|--|---|
| 1 PLACE OF DEATH County <u>Summit</u> Township <u>Union</u> or Village _____ or City of _____ | | Registration District No. <u>193</u> Primary Registration District No. <u>429.8</u> | | File No. _____ Registered No. <u>33</u> |
| 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. | | Did Deceased Serve in U. S. Navy or Army. _____ |
| 2 FULL NAME <u>Jennie Louise Moss</u> (a) Residence No. _____ St., _____ Ward _____ (Usual place of abode) | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX <u>Female</u> | 4. COLOR <u>White</u> | 5. SINGLE, MARRIED, Write the word Widowed or Divorced <u>Widowed</u> | | 21. DATE OF DEATH (month, day, and year) <u>Nov. 10, 1941</u> |
| 6. DATE OF BIRTH (month, day, and year) <u>5-5-1865</u> | | 22. I HEREBY CERTIFY, That I attended deceased from <u>5-1</u> , 19 <u>41</u> , to <u>11-9</u> , 19 <u>41</u> I last saw her alive on <u>11-9</u> , 19 <u>41</u> death is said to have occurred on the date stated above at <u>5:20 a.m.</u> | | |
| 7. AGE (years) Months Days <u>76</u> <u>6</u> <u>5</u> | | The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Myocardial infarction</u> <u>Arteriosclerosis</u> <u>Diabetes</u> <u>Obesity</u> | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | CONTRIBUTORY CAUSES of importance not related to principal cause: _____ | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> | | Name of operation _____ Date of _____ | | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u> | | |
| 11. Total time (years) spent in this occupation _____ | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Kentucky</u> | | Where did injury occur? _____ (Specify city or town, county, and State) | | |
| 13. NAME (Don't know) <u>Junk</u> | | Specify whether injury occurred in industry, in home, or in public place _____ | | |
| 14. BIRTHPLACE (city or town) (State or country) <u>Germany</u> | | Manner of injury _____ | | |
| 15. MAIDEN NAME <u>Mary Maddaly</u> | | Nature of injury _____ | | |
| 16. BIRTHPLACE (city or town) (State or country) <u>Germany</u> | | 24. Was disease or injury in any way related to occupation of deceased? <u>No</u> | | |
| 17. The Signature of INFORMANT <u>Mrs. Harold J. Maddaly</u> and (Address) <u>Amelia O. R. T.</u> | | If so, specify _____ (Signed) <u>A. E. Galambos</u> M. D. Date <u>11-10-1941</u> Address <u>Amesbury, O.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Highland Cemetery</u> Date <u>Nov 12, 1941</u> | | 20. FILED <u>Nov 1, 1941</u> <u>Dr. J. H. Norton</u> Registrar | | |
| 19. PUNERAL FIRM <u>J. P. White & Sons</u> | | | | |
| 19a. BURIED BY <u>J. P. White & Sons</u> Lic. No. <u>40</u> | | | | |
| Address <u>2050 MacArthur Ave - Cincinnati</u> | | | | |
| 19b. EMBALMER <u>M. C. Crislow</u> Lic. No. <u>4848</u> | | | | |