

Moss, Thomas Edward - 1858 - 1915

Form V. S. No. 11-209M-6-12-13.		STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
PLACE OF DEATH.			
County of <u>Clermont</u>		File No. <u>193</u>	
Township of <u>Union</u>		Registered No. <u>36</u>	
Village of _____		Primary Registration District No. <u>4239</u>	
City of _____		St. _____ Ward _____	
FULL NAME <u>Thomas Edward Moss</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE <u>Married</u> MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH <u>10</u> <u>19</u> , 19 <u>15</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>2</u> <u>26</u> , 18 <u>58</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 14</u> , 19 <u>14</u> , to <u>Oct 19</u> , 19 <u>15</u> , that I last saw <u>him</u> alive on <u>Oct 19</u> , 19 <u>15</u> , and that death occurred, on the date stated above, at <u>10P.</u> m. The CAUSE OF DEATH* was as follows: <u>Mys. Cardial Insufficiency</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory <u>Cardiac Asthma</u> (SECONDARY) (Signed) <u>W. A. Bennett</u> , M. D. <u>Oct 20</u> , 19 <u>15</u> (Address) <u>Wiltonsville, O.</u>
7 AGE <u>5-7</u> yrs. <u>7</u> mos. <u>23</u> ds. or _____ min.? If LESS than 1 day, _____ hrs.			
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
9 BIRTHPLACE (State or country) <u>England</u>			
PARENTS	10 NAME OF FATHER <u>James Moss.</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>England</u>		
	12 MAIDEN NAME OF MOTHER <u>Helen Walker</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>England</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, If not at place of death? _____ Former or usual residence _____
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs Jennie Moss.</u> <u>Wiltonsville, O.</u> (Address)			
15 Filed <u>10/20</u> , 19 <u>15</u> <u>W. Warren</u> Registrar		19 PLACE OF BURIAL OR REMOVAL <u>Covington Ky.</u> DATE OF BURIAL <u>Oct. 22</u> , 19 <u>15</u> 20 UNDERTAKER <u>T. P. White + Son, New Richmond, O.</u> ADDRESS _____	
11-3484			