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.

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

Do not use this space.

1234

1. PLACE OF DEATH
County Jackson — Registration District No. 309 — File No. 281
Township Kaw — Primary Registration District No. 600 — Registered No. 281
City Kansas City (No. St. Joseph's Hospt. St. Ward)

2. FULL NAME Mrs. Anna Mozier
(a) Residence. No. 2632 Garfield St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. W. Mozier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 1, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Erica Rowley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Sarah Ann Trimbley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mr. Flaugh
(Address) 203 Victor

15. Filed Jan 20, 1927 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Jany 18/27, 19..., to Jany 19, 1927, that I last saw her alive on Jany 19 (Night), 1927, and that death occurred, on the date stated above, at 3:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
95B
82A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cardio-Renal Complications
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? The home 2632 Garfield Ave
DID AN OPERATION PRECEDE DEATH? no DATE OF x
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. Beattie, M. D
Jan 20, 1927 (Address) 1203 Wald Lane Bldg. Kansas City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Gilead, Ohio
DATE OF BURIAL: Jan. 22 1927

20. UNDERTAKER: D. W. Newcomer's Sons
ADDRESS: K. C., Mo.

1203 Waldheim
M 2636.
1-5.

~~31st & Indiana~~
~~130 - 5~~