

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

Do not use this space.

35554

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003 File No. 10726  
 City..... (No. 3120) Washington St. .... Ward)

**2. FULL NAME**

Ethel Moseley  
 (a) Residence. No. 3120 Washington St., W Ward.  
 (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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4. 12 - 1927

| 7. AGE | YEARS    | MONTHS    | DAYS      | IF LESS than 1 day, hrs. or min. |
|--------|----------|-----------|-----------|----------------------------------|
|        | <u>7</u> | <u>11</u> | <u>14</u> |                                  |

**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) St Louis  
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER James Moseley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Moseley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY)

14. INFORMANT Anna Moseley  
 (Address) 3120 Washington

15. FILED 31 1927 maub Starceff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 11/24, 1927, to 11/26, 1927 that I last saw him alive on 11/26, 1927, and that death occurred, on the date stated above, at 4:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

107A  
Bronchitis pneumoniae  
Primary (duration) yrs. mos. 6-7 ds.  
 CONTRIBUTORY (SECONDARY) 100A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Clinical Indict

(Signed) L. Comasovog, M. D.  
 , 19 (Address) 2803 Pine

\*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 Washington Park DATE OF BURIAL 11-30-1927

20. UNDERTAKER Piedras and Co ADDRESS Franklin

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.

DEPARTMENT RECORD

Dr please find  
will call for  
Peoples Bank Co