1928

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

Do not use this space.

1. PLACE OF DEATH
County Bollinger — Registration District No. 69 — File No. 97777
Township Wayne — Primary Registration District No. 5108 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Marion Mouser
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18th 1868

7. AGE: Years 59 — Months 7 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Mo.

PARENTS
10. NAME OF FATHER Elisha Mouser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Susa Eaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Hobart Mouser
(Address) Zalma Mo

15. FILED 3-21, 1928 A.T. Kirkpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1928, to Mar 20, 1928 that I last saw him alive on Mar 18, 1928, and that death occurred, on the date stated above, at 8.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis

131 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 129 W

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED At his home
IF NOT AT PLACE OF DEATH? ✓
() DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Heat & Nitric Acid & others
(Signed) A.T. Kirkpatrick, M.D
, 19 (Address) Zalma 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: Union Hill Cemetery — DATE OF BURIAL: Mar 22 1928

20. UNDERTAKER: Sheridan Eaker — ADDRESS: Zalma Mo

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.