

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

Do not use this space.

1. PLACE OF DEATH

County Laclede Registration District No. 5800 File No. 9690
 Township Jefferson Primary Registration District No. 4303 Registered No. 6
 City Laclede (No.) St. Ward)

2. FULL NAME

Alice Shelton Mossbarger

(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 13 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2 1862

7. AGE 65 YEARS 5 MONTHS 24 DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Callio, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jordan Hall

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

12. MAIDEN NAME OF MOTHER Mary Perrie

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

14. INFORMANT S.L. Mossbarger
 (Address)

15. FILED 3/26 1928 J.N. Bruce
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 25 1928 to Mar 26 1928
 that I last saw her alive on Mar 25 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy

CONTRIBUTORY Chronic Nephritis (duration) yrs. mos. 3 da.
Intermittent (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED At
 IF NOT AT PLACE OF DEATH,
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
 (Signed) J.N. Bruce, M. D.
3/26 1928 (Address) Laclede 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 Laclede Mo DATE OF BURIAL 3/28 1928

20. UNDERTAKER W.G. Thorne ADDRESS Laclede

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.

1928

