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

Do not use this space.

22209

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. 1327 N. 10th St. Ward)

File No.....

Registered No. 6382

2. FULL NAME Ada Magsley

(a) Residence. No. 1327 N 10th St., 15 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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

5a. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF: H. F. Mosley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4th 1883

7. AGE: Years 44 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Madison County

(STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: Prince Horal

11. BIRTHPLACE OF FATHER (CITY OR TOWN): West Point

(STATE OR COUNTRY): Miss

12. MAIDEN NAME OF MOTHER: Matilda Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Madison

(STATE OR COUNTRY): County Miss

14. INFORMANT: H. F. Mosley

(Address): 1327 N 10th St

15. FILED JUN 16 1926 19 Lew C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 13 1926

17. I HEREBY CERTIFY, That I attended deceased from May 15, 19 26 to June 13, 19 26 that I last saw h..... alive on June 13, 19 26, and that death occurred, on the date stated above, at 6:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

10 D

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Nat Cancer

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Auscultation

(Signed) J. A. Flowers M. D

, 19 (Address) 1711 N. 10th St.

*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: Father Dickerson Cem

DATE OF BURIAL: June 16 1926

20. UNDERTAKER: Watson and Son

ADDRESS: 2841 Chouteau Ave

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.