

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.

JAN 23 1929

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

Do not use this space.

41283

1. PLACE OF DEATH

County Jasper Registration District No. 408  
Township Mackson Primary Registration District No. 5964  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Moses Eugene Blosser

(a) Residence No. Joplin Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Catherine Blosser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 27-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 7 22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Salesman *2126 2110*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Mo., U.S.A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental death from auto. mobile accident 8 1/2 miles east of Carthage, Mo. fractured skull & crushed chest

CONTRIBUTORY (SECONDARY) 1880 (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRASTED IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. M. Linnont, M. D.  
12/21, 1928 (Address) Public Health Coroner

\*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 Forest Park Cemetery DATE OF BURIAL 12-22 1928

20. UNDERTAKER Ulmer-Drake ADDRESS Carthage

9. BIRTHPLACE (CITY OR TOWN) Sulphur Springs (STATE OR COUNTRY) Ark.

10. NAME OF FATHER Nick Blosser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Everett Blosser (Address) Joplin Mo.

15. FILED 12/22 1928 Carthage REGISTRAR

REC'D  
23 1944

OCT 27 1944