

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

Do not use this space.

42070

JAN 28 1929

1. PLACE OF DEATH  
 County Ozark Registration District No. 695  
 Township Pitts Primary Registration District No. 5922  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dora Bell Mosby  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. 666  
 Registered No. 21

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Mosby  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24-1869  
 7. AGE YEARS MONTHS DAYS IF LESS than I day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 3 12  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife  
 (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  
 10. NAME OF FATHER Thomas William  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo  
 12. MAIDEN NAME OF MOTHER Vir  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

14. INFORMANT Mrs Alice Anderson  
 (Address) Parisville Mo  
 15. FILED 12/28 28 19 28 REGISTRAR J. W. Miller

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21-28  
 17. I HEREBY CERTIFY, That I attended deceased from 12 \_\_\_\_\_, 1928, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on 12-20, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

arteriosclerosis

CONTRIBUTORY (SECONDARY) 913

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 \_\_\_\_\_  
 (Signed) B. T. Ford, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) Parisville 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 Live Creek Cem DATE OF BURIAL 12-30 1928  
 20. UNDERTAKER Harry Roland ADDRESS Parisville

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.

