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

Do not use this space.

300

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 60
City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Christina Moskau,
(a) Residence. No. St., Ward 6 Miles No. of Wathena, Ks.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 17 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 Herman Moskau,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Doniphan Co.,
(STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER John M. Hartman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

14. INFORMANT Herman Moskau
(Address) R.F.D. #1, Wathena, Kansas

15. FILED JAN 1 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Jan 13, 1929 that I last saw her alive on Jan 13, 1929, and that death occurred, on the date stated above, at 5:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis of right & left Popliteal Arteries with Gangrene both feet & legs
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Goitre-Adenomatous with Hyperthyroidism & Arterio Sclerosis
(duration) 5 yrs. 2 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Wathena Kansas
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) Clarence A Hood, M. D
1/14, 1929 (Address) St Joseph 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: Reformed Church Cem. Wathena, Kansas
DATE OF BURIAL: Jan. 15 1929

20. UNDERTAKER: Heaton-BeGole & Bowman
ADDRESS: 319 S. 10 St.
Funeral Homes

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.

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