

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

Do not use this space.

1685

1. PLACE OF DEATH  
 County Jackson Registration District No. \_\_\_\_\_  
 Township 1st Primary Registration District No. \_\_\_\_\_  
 City R. C. Mo. (No. Trinity Lutheran Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 276

2. FULL NAME Dr. George Cremascher  
 (a) Residence No. Lyonshurst Hotel St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 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 wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Mosher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 | 5 | 10 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Physician  
 (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) Ohio

10. NAME OF FATHER Geo. S. Mosher

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

12. MAIDEN NAME OF MOTHER Charlotte M. Fisher

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

14. INFORMANT Mrs. Ida Mosher  
 (Address) Lyonshurst Hotel

15. FILED 1/19/29 H. M. Curren  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 18, 1929 that I last saw h. un alive on Jan 18, 1929, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Myelogenous  
Leukemia  
72A  
116A  
 (duration) 0 yrs. 0 mos. 15 da.

CONTRIBUTORY (SECONDARY) Venous Angina of gums  
 (duration) 0 yrs. 0 mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED? 650  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 Did an operation precede death? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Microscope  
 (Signed) Geo. F. Pendleton, M. D.  
 (Address) 605 Bryant Bldg

\*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 Elmwood Cem DATE OF BURIAL 1/19 1929

20. UNDERTAKER Stine-MeClure & Co. City, Mo. ADDRESS \_\_\_\_\_

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.

23  
2  
2  
2

3  
2  
1