MAY 27 1929

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

Do not use this space.

15056

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Madison — Primary Registration District No. 5564 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nora Henryetta Von Mosch
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: no
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4·10·29
7. AGE: — YEARS: — MONTHS: — DAYS: — If LESS than 1 day, 10 hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) R.F.D. 1 (STATE OR COUNTRY) Carthage Mo
PARENTS
10. NAME OF FATHER: Geo Van Mosch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Phillips Wis. (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Nettie Brady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nora, Nebr. (STATE OR COUNTRY)
14. INFORMANT George Van Mosch (Address) Route 7, Carthage Mo.
15. FILED 4/11, 1929 C. W. Ketchaus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1929
17. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1929, to Apr 10, 1929, that I last saw her alive on Apr 10, 1929, and that death occurred, on the date stated above, at 4 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth,
159 [illegible] (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) none
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Very
(Signed) H A LaForce, M. D
Apr 11, 1929 (Address) Carthage 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: Oak Hill Cemetery — DATE OF BURIAL: April 11 - 1929
20. UNDERTAKER: Knell Mortuary — ADDRESS: Carthage Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import[illegible]