

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
**1003**  
Primary Registration District No. **No Baptist Saint.**

File No. **25853**  
Registered No. **7024**  
St. **12** Ward **Paris Tenn.**

**2. FULL NAME**

(a) Residence. No. **Dorothy Moser.** St., **12** Ward, **Paris Tenn.**  
(Usual place of abode) (If nonresident give city or town and State)  
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 **White** | 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) **Jan. 21, 1902**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**27** | **5** | **11**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

10. NAME OF FATHER **James H. Moser**

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

12. MAIDEN NAME OF MOTHER **Mattie E. Holt**

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

14. INFORMANT (Address) **Mrs. Francis Wilson**  
**514 No. McNeil**

15. FILED **Paris Tenn.** REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 2, 1929**

17. I HEREBY CERTIFY, That I attended deceased from **6-3-1929** to **7-2-1929**, and that I last saw her alive on **7-2-1929**, and that death occurred, on the date stated above, at **4 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Bilateral Salpingoophoritis -  
Septic Gonorrhoea**

CONTRIBUTORY (SECONDARY) **40 B**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **6-12-29**

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **Walter Espinosa** M. D.  
, 19 (Address) **not Cheate 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 (DATE OF BURIAL)  
**Paris Tenn.** **July 3, 1929**

20. UNDERTAKER (ADDRESS)  
**Mullen and Co** **Delmar**

K. 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.

WHILE FILING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2533  
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Dr. W. E. G. W.