80

DN Love

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

Do not use this space.

34684

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township Longwood — Primary Registration District No. 5848 — Registered No. 288
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Edward Moseby
(a) Residence. No. Hughesville Route 1 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF ~~MARRIED, WIDOWED, OR~~ DIVORCED HUSBAND OF (OR) WIFE OF Minnie Reus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1873

7. AGE 56 YEARS — MONTHS 3 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Camden County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John W. Moseby
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Nancy J. Milam
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper
(STATE OR COUNTRY) County Missouri

14. INFORMANT Mary Lou Ellis
(Address) Houstonia Route #1

15. FILED 10-8, 1929 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 1929 body, 19..., to ....., 19..., that I last saw ..... alive on ....., 19..., and that death occurred, on the date stated above, at 4:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died suddenly while alone due probably to apoplexy 82A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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) W. T. Bishop Coroner, M. D.
, 19 (Address) Sedalia 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 Mt Herman — DATE OF BURIAL 10 17th 1929

20. UNDERTAKER McClaughlin Bros Sedalia — ADDRESS

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]