MAY 27 1930

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

Do not use this space.

13259

1. PLACE OF DEATH

County: Living Stone
Township: Blue Mound
City: Chillicothe (No. ..... St. ..... Ward)

Registration District No. 515
Primary Registration District No. 5684

File No. .....
Registered No. 2

2. FULL NAME Lewis Elie Mosbarger

(a) Residence. No. ..... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Miss Pedy McAller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14. 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60 ~~59~~	6	21	

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) .....
(STATE OR COUNTRY) Carroll County.

PARENTS

10. NAME OF FATHER Elie Mosbarger.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Elizabeth Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT J. M. Mosbarger
(Address) Ludlow Mo.

15. FILED 4/7 1930 Mrs. I. M. Radabaugh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from None, 19..., to None, 19..., that I last saw him alive on None, 19..., and that death occurred, on the date stated above, at about 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental Drowning

Fell into a well; Supposed to have lost his balance while getting bucket out of open well (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? History

(Signed) Reuben Burney Co. M. D.
4/6, 1930 (Address) Chillicothe

*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
Blue Mound	4/7 1930
20. UNDERTAKER	ADDRESS
R. M. Marshall	Mo. Chillicothe

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.