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

Do not use this space.

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File No. 2 67

Registered No.

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. (Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME William Mosley

(a) Residence. No. 1700 Boisenue Ave. St., Ward.
(Usual place of abode) E. St. Louis, Ills (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own, 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.	COLORED	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lucy Mosley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	23	

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

9. BIRTHPLACE (CITY OR TOWN) Columbus.
(STATE OR COUNTRY) Kentucky.

PARENTS

10. NAME OF FATHER Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT E. T. Gallagher
(Address) E. T. Gallagher, Acting Clinical Director. U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED 6/28, 1930 L. C. Wood REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1930, to June 27, 1930 that I last saw h. im alive on June 27, 1930 and that death occurred, on the date stated above, at 9:15 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis; Acute Dilatation.
426
93 D
(duration) yrs. mos. ds.

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

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

O DID AN OPERATION PRECEDE DEATH? No • DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray, & Laboratory findings.

(Signed) C. H. Smith M.D. Medical Officer In Temporary Charge U.S. Veterans Hospital, Jefferson Brks, Mo.
, 19 (Address)

*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 National Cem. DATE OF BURIAL 7/2 1930

20. UNDERTAKER C. Hoffmeister & Co ADDRESS 7814 So. Broadway

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.