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

Do not use this space.
23287
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AUG 26 1930

1. PLACE OF DEATH
County Jasper
Township
City Joplin (No. 604 Club St. St. Ward)
Registration District No. 411
Primary Registration District No. 2007
File No.
Registered No.

2. FULL NAME Jim D. Mosley
(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 M
4. COLOR OR RACE D.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jodie Mosley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 1874
7. AGE YEARS 56 MONTHS 4 DAYS If LESS than 1 day, hrs. or min.
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) —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Fred Mosley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT Leon Tall Mosley
(Address) Chicago Ill
15. FILED 7/27 1930 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1930
17. I HEREBY CERTIFY, That I attended deceased from July 13-30, to July 25 1930, that I last saw him alive on 7-25, 1930, and that death occurred, on the date stated above, at 11-30 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemmorage
62A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 7401
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. N. Winchester M. D.
7/26 1930 (Address) Joplin 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 Fairview Cem
DATE OF BURIAL 7-27 1930
20. UNDERTAKER Hurlburt Lind Co
ADDRESS Joplin Mo

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.

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