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

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 — File No. 9926

Township: Kaw — Primary Registration District No. 1002 — Registered No. 1193

City: Kansas City (No. 3930 Holmes Street St. Ward)

2. FULL NAME GEORGE C. MOSER

(a) Residence. No. 3930 Holmes St. St., 6 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louie G. Moser

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 7, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	4	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Employed in Government

(b) General nature of industry, business, or establishment in which employed (or employer): Bureau of Animal Industry

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Lewistown (STATE OR COUNTRY): Pennsylvania

PARENTS

10. NAME OF FATHER: M. R. Moser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

12. MAIDEN NAME OF MOTHER: Elizabeth Soult

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lewistown (STATE OR COUNTRY): Pennsylvania

14. INFORMANT: Paul G. Stoehlit (Address) 5729 Harrison

15. FILED 3/12, 1931 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-4, 1931, to 3-9-31, 1931, that I last saw him alive on 3-9, 1931, and that death occurred, on the date stated above, at 11-35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia with Pleurisy - Lower right 108 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Acute cardiac dilatation 108 (duration) yrs. mos. 2 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? Clinical & Lab.

(Signed) Sam. Ayres, M.D.

3-10, 1931 (Address) 814 Argyle 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~~: Forest Hill Cemetery — DATE OF BURIAL: 3-12, 1931

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Blvd.

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.