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.

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

Do not use this space.

24833

File No.

Registered No. 23

1. PLACE OF DEATH
County Henry
Township X
City Windsor (No. , St. Ward)

Registration District No. 14
Primary Registration District No. 4211

2. FULL NAME Jessie Harry Mosame

(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 6 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	Negro	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6- 1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	10	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Missouri

FATHER

13. NAME Jessie Mosame

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Missouri

MOTHER

15. MAIDEN NAME Pauline Bradshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Missouri

17. INFORMANT Mrs Pauline Mosame
(ADDRESS) Windsor Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Mo. DATE 7-13-31 19

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL
(ADDRESS) Windsor Missouri

20. FILED 7-13 19 31 J. Jennings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12-31 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Killed while riding truck struck by train, 206

None

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-12, 1931
Where did injury occur? Windsor Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
M.K.T. railroad
Manner of injury being caught mangled
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Walker (Coroner) M.D.
(Address) Clinton Mo