

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

Do not use this space.

4690

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Kaw Primary Registration District No. 100  
 City Kansas City (No. St. Luke's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 545  
470

**2. FULL NAME** Oliver Robert Mosman

(a) Residence, No. 503 Huntington Road 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** Male  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Single

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** November 29, 1931

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
0 2 10

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Infant  
**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)** Kansas City Missouri

**FATHER**  
**13. NAME** O. C. Mosman, Jr.

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

**MOTHER**  
**15. MAIDEN NAME** Genevieve Tiernan

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Utah

**17. INFORMANT** O. C. Mosman, Jr.  
 (ADDRESS) 1203 Huntington Road

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Forest Hill DATE 2-10-1932

**19. UNDERTAKER** Stine & McChere  
 (ADDRESS) 3735 William Place

**20. FILED** 7/10/32  
M. M. Corvone  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2/9 1932  
**22. I HEREBY CERTIFY, That I attended deceased from** 1/29, 1932, to 2/9, 1932  
 I last saw h. MA alive on 2/9, 1932 Death is said

to have occurred on the date stated above, at 4:15 a.m.

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

Raynoldschistis 8x10 2/1/32  
(filial) 108  
108 133 2  
 Other contributory causes of importance:  
chronic pneumonia 2/8/32

Name of operation thoracotomy by Dr. John Knight Date of 2/6/32  
 What test confirmed diagnosis? autopsy Was there an autopsy \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** No  
 If so, specify \_\_\_\_\_

(Signed) Raymond Schickel M. D.  
 (Address) 1500 S. Grand Blvd.

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.

