

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

Do not use this space.

5585

1. PLACE OF DEATH

County **Nodaway**
Township **Polk**
City **Maryville,** (No. St. Ward

Registration District No. **628**
Primary Registration District No. **3031**

File No.
Registered No. **16**

2. FULL NAME **Polly Ann Mozingo**

(a) Residence. No. **515 W. 2nd** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm Mozingo**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 19th, 1851**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Indiana** (STATE OR COUNTRY) **2**

10. NAME OF FATHER **Squire Thompson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Indiana** (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Julia Ann Jones**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Indiana** (STATE OR COUNTRY)

14. INFORMANT **Julia Mozingo** (Address) **515 W. 2nd**

15. FILED **2-12-32** 19 **32** **Mamie E. Clark** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 10th 19 32**

17. I HEREBY CERTIFY, That I attended deceased from **June 13th 1932** to **Feb 10th 1932** that I last saw **her** alive on **Feb 10th 1932**, and that death occurred, on the date stated above, at **1:45** p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic valvular heart disease
108 1928
(duration) **11 yrs 6 mos** ds.

CONTRIBUTORY **Pneumonia - lobar** (SECONDARY) (duration) **5** yrs mos ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **(1)**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **clinical**

(Signed) **L. E. Dean** M. D.

, 19 (Address) **Maryville Mo**

*State the DISEASE CAUSING DEATH, or if 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 DATE OF BURIAL

Miriam **Feb 12 1932**

20. UNDERTAKER **Price Furn Co** ADDRESS **Maryville**

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.

FEB 24 1932

