

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan
Township.....
City.....St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
No. 2001 Savannah Ave.

File No. 7500
Registered No. 361
St. Ward)

2. FULL NAME

Briscilla Elizabeth Moser

(a) Residence, No. 2001 Savannah Ave. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.L. Moser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 2, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>49</u>	<u>0</u>	<u>26</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At Home.</u>
	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).....St. Joseph, (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME John J. Angsten

14. BIRTHPLACE (CITY OR TOWN).....Unknown (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Anna Baasch

16. BIRTHPLACE (CITY OR TOWN).....Unknown (STATE OR COUNTRY) Germany

17. INFORMANT A.L. Moser (ADDRESS) 2001 Savannah Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Amazonia Cemetery DATE Mar, 30, 1932,

19. UNDERTAKER Walter Maierhoffer (ADDRESS) 1302 Farson St. St. Joseph, Mo.

20. FILED MAR 25 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 28, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1932, to Mar. 28, 1932
I last saw her alive on Mar. 26, 1932 Death is said to have occurred on the date stated above, at 7.20 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma -
Cervix Uteri
1 1/2 4 8
Other contributory causes of importance: Carcinomatosis
Date of onset 1931

Name of operation Application Radium Date of Dec. 1931
What test confirmed diagnosis? Thyroid as there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) G. T. Blossner M. D.
(Address) 1220 No. 3rd. St. St. Joseph, 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.

APR 5 1932

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