

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.

MAY 23 1932

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

Do not use this space.

11727

1. PLACE OF DEATH

County... Buchanan

Registration District No. 85

Township.....

Primary Registration District No. 1001

City... St. Joseph,

(No. Missouri Methodist Hospital,

File No.....

Registered No. 408

St. Ward)

2. FULL NAME... Ida S. Moser,

(a) Residence, No. St., Ward. Troy, Kansas,

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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 John F. Moser,		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	Unk.	Unk.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Troy, Kansas,
(STATE OR COUNTRY)

FATHER 13. NAME Hiram Saxton,

14. BIRTHPLACE (CITY OR TOWN) Unknown, Wisconsin,
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) Unknown, ^{al}
(STATE OR COUNTRY) Unknown,

17. INFORMANT John F. Moser
(ADDRESS) Troy, Kansas,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy, Kansas, DATE April 26 1932

19. UNDERTAKER Theodor Bergel & Borowski
(ADDRESS) 310 S. 10th St. Funeral Home

20. FILED APR 25 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18-1932 to April 24-1932

I last saw h. w. alive on April 23, 1932 Death is said

to have occurred on the date stated above, at 6:30 a. m.

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

Peritonitis following operation for obstruction of the bowels - Adhesions due to previous operation

Date of onset Unk.

Other contributory causes of importance:

12 1/2% Anesthetic 59 10 Release of abdominal bands

Name of operation. Operation Date of April 21, 32

What test confirmed diagnosis? Operation Was there an autopsy?

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. F

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Drs. Wallace by Ch Wallace, M. D.

(Address) 301 No. 84. St.

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