

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

Do not use this space.

1. PLACE OF DEATH

County Howard
Township St. Louis
City Clinton (No. 3)

Registration District No. 376
Primary Registration District No. 4220

File No. 12370
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Clinton mo St., _____ Ward.

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWER OR DIVORCED HUSBAND OF (OR WIFE OF) May Delaney Mozier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1852

7. AGE YEARS 80 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bathone Co 2 Missouri

13. NAME Mr Mozier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) See

15. MAIDEN NAME May Elizabeth Weaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Mr Geo W. Farris (ADDRESS) Boonville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville mo DATE April 24 '32

19. UNDERTAKER Art Olden (ADDRESS) Clinton mo

20. FILED 4-25 1932 W. M. Dickerson Registrar

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1932

22. I HEREBY CERTIFY, that I attended deceased from April 23, 1932, 19_____. I last saw him alive on 4-23, 1932. Death is said to have occurred on the date stated above, at 9 A. m. The principal cause of death and related causes of importance were as follows: _____ Date of onset _____

Coronary Myocarditis
Sudden death during
Anginal attack.
Other contributory causes of importance: 94%
Coronary sclerosis

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? _____ 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) W. M. Dickerson, M. D. (Address) Clinton, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAY 25 1932

