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.

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

Do not use this space.

34846

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1111

City St. Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Fredrick B. Moser

(a) Residence, No. R F D #6 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 Yrs mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

## 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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Moser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 21, 1871

7. AGE: YEARS 61 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) November 16, 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bavaria Germany

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): ~~Unknown~~ Mrs. Elizabeth Moser R F D #6 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE St Joseph Mo. DATE Nov. 21, 1932 — Mt Olivet

19. UNDERTAKER (ADDRESS): W. A. Siebenfaden 1802 Union st St Joseph Mo.

20. FILED 11-20-, 1932 John R Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 18, 1932

I last saw him alive on Nov 18, 1932. Death is said to have occurred on the date stated above, at 12:20 P.m.

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

| | Date of onset |
|---|---|
| Diaphragmatic Abscess | 11/14/32 |
| Obstruction of Bowels | 11/17/32 |
| Cardiac Failure | 11/18/32 |
| Mitral Stenosis | |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Gustav A Lau, M. D.

(Address) Kirkpatrick Bldg St Joseph Mo