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.

35201

1. PLACE OF DEATH

County Cooper — Registration District No. 218 — File No.

Township ~~Boonville~~ — Primary Registration District No. 3015 — Registered No. 116

City Boonville (No. , St. Ward)

2. FULL NAME Aubrey Moser

(a) Residence, No. Versailles Mo St., Ward. Versailles Mo
(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. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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~~: Ola Garrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 4 – 1884

7. AGE: YEARS 48 — MONTHS 9 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist 60
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ice plant
10. Date deceased last worked at this occupation (month and year): Nov. 23, 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Versailles, Mo. 1

FATHER

13. NAME: Henry Moser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record 31

MOTHER

15. MAIDEN NAME: Fannie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co. 1

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL PLACE: Versailles Mo DATE: Nov. 28, 1932

19. UNDERTAKER (ADDRESS): W. F. Kidwell, Versailles, Mo.

20. FILED: Nov 26, 1932 — G. A. Russell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-24-32, 19..., to 11-26-32, 19...

I last saw him alive on 11-26-32, 19... Death is said to have occurred on the date stated above, at 5 P.m.

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

	Date of onset
Luxation of C5 on C6 c̄ cord damage	11-23-32
210 M	
210	
Other contributory causes of importance: (1)	199

Name of operation: Reduction of cervical luxation Date of: 11-24-32

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-23-32, 19...

Where did injury occur? Near Versailles Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury: Ran over by car he was cranking

Nature of injury: Luxation of C5 on C6 c̄ cord damage

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

If so, specify

(Signed) A. C. von Rauenmann, M. D.

(Address) Boonville Mo.