

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

FEB 2 1933

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

Do not use this space.

244

1. PLACE OF DEATH

County Buchanan Registration District No. 81
 Township Bloomington Primary Registration District No. 5122
 City (No. 3 Miles North DeKalb, MO.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Arabelle Florence Moser

(a) Residence, No. 3 Miles No. DeKalb, MO. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 4 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marvel A Moser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
71 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Buchanan County, Missouri.
 (STATE OR COUNTRY)

13. NAME Henry H Yeakley

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

15. MAIDEN NAME Sarak Riley

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

17. INFORMANT (ADDRESS) Arbin R Moser DeKalb, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE January 5 1933

19. UNDERTAKER (ADDRESS) H. O. Schimpflein 1802 Union St St. Joseph, MO.

20. FILED Jan 3 1933 J. W. McAdow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3 1933

22. I HEREBY CERTIFY, That I attended deceased from December 27 1933 to January 3 1933
 I last saw her alive on January 3 1933 Death is said to have occurred on the date stated above, at 11/50am
 The principal cause of death and related causes of importance were as follows:

Organic Heart lesions about 450 47 95/13 Date of onset: about 5 yrs.
Arterio Sclerosis about 5 yrs.

Other contributory causes of importance; Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) James McAdow M. D.
 (Address) De Kalb 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.

