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

Do not use this space.

8737

File No. .....

Registered No. 62

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125

1 Township " " — Primary Registration District No. 3009

8 City " " (No. So. E. Mo. Hospital St. .....Ward)

2. FULL NAME Alice Joan Moseley

(a) Residence, No. 1408 Bessie St. .....Ward. .....

(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. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

APR 24 1933

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1929

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
4	1	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 121

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau

FATHER

13. NAME Joe L. Moseley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City

MOTHER

15. MAIDEN NAME Dorothy Heggie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo

17. INFORMANT Mrs. M. H. Shelby (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lorimier Cem DATE Mar 4th 1933

19. UNDERTAKER Walther's Und. Co. (ADDRESS) Cape Girardeau Mo.

20. FILED 3-4 1933 C O Kampper (Registrar)

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1933 to 3/2 1933

I last saw he alive on 3/2 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Peritonitis following	
Perforation for Acute	
Appendicitis	
1 2 3	

Other contributory causes of importance: Bilateral Pertonitis

Operation was performed

Name of operation Appendectomy Date of 2/19/33

What test confirmed diagnosis? Lab. 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) O. Leakey M. D.

(Address) Cape Girardeau Mo