

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

Do not use this space.

10046

File No. _____
Registered No. 30
St. _____ Ward _____

PLACE OF DEATH

County Jesse
Township Bellevue
City Crystal City (No. _____)

Registration District No. 421
Primary Registration District No. 5575

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Harry Moser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13-1900</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>1</u>
	DAYS <u>4</u>	If LESS than 1 day, hrs. or min. <u>15</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Bloomsville Mo</u>		
MOTHER FATHER	13. NAME <u>Amos Carrow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomsville Mo</u>	
	15. MAIDEN NAME <u>Kathrine Dannel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomsville Mo</u>	
17. INFORMANT <u>Harry Moser</u> (ADDRESS) <u>Crystal City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery</u> DATE <u>3/19/33</u>		
19. UNDERTAKER (ADDRESS) <u>Highland Co</u> <u>Crystal City</u>		
20. FILED <u>3/18</u> , 19 <u>33</u> <u>J. Rutledge</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1933, to March 15, 1933.
I last saw her alive on March 15, 1933. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

0 Labor pneumonia
Myocarditis
108
93B
Other contributory causes of importance:
Childbirth

Date of onset
March 3, 33
March 8, 33

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Clarence E. Crosby, D. O. M. D.
(Address) 204 Main St., Crystal City, 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

APR 24 1933

235

