

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

Do not use this space.

23169

1. PLACE OF DEATH

County Jackson
Township Raw
City Russell City (No. 1907)

Registration District No. 399
Primary Registration District No. 1000

File No. 2875
Registered No. 2875
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1907 Linnwood 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 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 Mrs Katherine Marie Mousley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12-1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>3</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. formally
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Spring Co.
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation 1 1/2 Machine

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trinidad Colo

13. NAME Howard Mousley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thick Pa

15. MAIDEN NAME Emma Gunther

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Katherine Marie Mousley 1907 Linnwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE July 12 1933

19. UNDERTAKER (ADDRESS) Gyler Funeral Home 1803 Linnwood

20. FILED July 11, 1933 Sam Crowl Registrar.

2 MEDICAL CERTIFICATE OF DEATH Monday

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933

22. I HEREBY CERTIFY That I attended deceased from May 10 1933 to July 10 1933
last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 7/10/33
930
945
Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) Frederick A. Baldwin, M. D.
(Address) 317 Argyle Bldg Russell 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.

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