

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

Do not use this space

WAR 24 1934

1865-
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1. PLACE OF DEATH

County Marion Registration District No. 577 File No. 1865-
Township Mason Primary Registration District No. 2079 Registered No. 6
City Hannibal (No. St. Louis & Hannibal Railway Yards St. _____ Ward)

2. FULL NAME

John Ray Mosley
(a) Residence, No. 512 Hill 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

MEDICAL CERTIFICATE OF DEATH

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 Israce Mosley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis & Hannibal Railway

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) Frankford Missouri

13. NAME Stephen D. Mosley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co., Missouri

15. MAIDEN NAME Emma A. Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Missouri

17. INFORMANT Mrs. John Ray Mosley (Wife)
(ADDRESS) 512 Hill St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Frankford, Mo. DATE Jan 12, 1934

19. UNDERTAKER Wm. M. Smith
(ADDRESS) 902 Cedar Hannibal, Mo.

20. FILED Jan 17, 1934 R. H. Chester
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Head cut off and fractured skull and crushed chest due to being run over by train (St. Louis & Hannibal R.R. Extra #18.)

Other contributory causes of importance:

2076
2077

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/10/1934

Where did injury occur? Hannibal, Marion Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. St. Louis & Hannibal R.R. Yards

Manner of injury Run over by train

Nature of injury Head severed from body

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Death occurred while at work

(Signed) Carl E. Lehmann D.O. & P.
(Address) Hannibal, Mo.
Coroner, Marion Co., Mo.

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Coroner

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