

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

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.

MAY 25 1934

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

Do not use this space.

12960

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1902
City Kennett (No. 1615-975)

File No. _____
Registered No. 1711
St. _____ Ward _____

2. FULL NAME

Sarah Malona Mossman
(a) Residence, No. 1615 E 75th St., _____ Ward. Olatha Kans.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred about 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Floyd E Mossman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8 1863</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>8</u>	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Housewife</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>Cleop Ohio</u>				
FATHER	13. NAME <u>Wm A. Gordon</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Muskingum Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Rachel Trimble</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Muskingum Ohio</u>			
17. INFORMANT (ADDRESS) <u>Mr Robt O Whitaker Kennett</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Olatha Kans</u> DATE <u>4-11-1934</u>				
19. UNDERTAKER (ADDRESS) <u>Floyd Ruppel Kennett</u>				
20. FILED <u>4-16-1934</u> M. M. Grove Registrar.				

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 8 1934 to Apr 16 1934
I last saw her alive on Apr 15 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Paralysis due to Cerebral Hemorrhage 1923
Other contributory causes of importance: Stroke

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? _____
If so, specify _____
Signed J. M. Calman
(Address) 3850 Riverchase Ave

