

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.

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

Do not use this space.

DEC 19 1924

1. PLACE OF DEATH

County Cass  
Township Citrus  
City ..... (No. .....)

Registration District No. 449  
Primary Registration District No. 5849

File No. 40207  
Registered No. 24  
St. ..... Ward .....

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Shaw Mosley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
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) Marion Co. Mo

13. NAME James Vest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo

15. MAIDEN NAME H. Slater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo

17. INFORMANT (ADDRESS) Shaw Mosley

18. BURIAL, CREMATION, OR REMOVAL PLACE Judgesville DATE Nov 17 1924

19. UNDERTAKER (ADDRESS) Morton Funeral Home

20. FILED Nov 17 1924 Shaw Mosley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1924

22. I HEREBY CERTIFY That I attended deceased from Oct 5th, 1924 to Nov 16th, 1924  
I last saw her alive on Nov 13th, 1924 Death is said to have occurred on the date stated above, at 5 a.m.

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

Chronic Pulmonary Tuberculosis  
2nd  
92  
Date of onset J J

Other contributory causes of importance: Tricuspid regurgitation

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) J O Cooper, M. D.  
(Address) Lebanon Mo

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