

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.

MAR 7 1935

3874

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Jefferson Barracks, Mo. (No. Station Hospital.) St. _____ Ward)

2. FULL NAME Silvestus H. Mosher

(a) Residence, No. RR #2, Bingham, Ill. 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.

Bingham, Ill.
(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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1935 to January 20, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1915

I last saw him alive on January 20, 1935. Death is said to have occurred on the date stated above, at 5:30A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 5 21

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forester CCC
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 7/12

Tuberculosis, pulmonary, chronic, involving all lobes both lungs, active.
Pneumonia, broncho, all lobes, both lungs, due to No. 1.
Other contributory causes of importance _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Ill.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

13. NAME Carl Mosher,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bingham, Ill.

15. MAIDEN NAME Lillie Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heyworth, Ill.

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.

17. INFORMANT Mrs. Carl Mosher (Mother)
(ADDRESS) Bingham, Ill.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bingham, Ill. DATE 1-21-1935

19. UNDERTAKER (ADDRESS) C. H. Hoffmeyer, 402 E. Broadway

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED Jan 20, 1935 G. Mowrey Registrar.

(Signed) F. V. Kilgore, Major Medical Corps
(Address) Jefferson Barracks, Mo.

