AUG 22 1935

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

Do not use this space.

22237

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 795
City St. Joseph, (No. Dr. W.W. Grow's Clinic, St. Ward)

2. FULL NAME Harold Francis Mozingo Jr.,
(a) Residence, No. 922 South 15th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1935,
7. AGE YEARS 0 MONTHS 1 DAYS 16 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child,
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) Saint Joseph, Missouri,

FATHER
13. NAME Harold Francis Mozingo Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville, Missouri,

MOTHER
15. MAIDEN NAME Marcella Beeghly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sabetha, Kansas,

17. INFORMANT (ADDRESS) Harold F. Mozingo Sr 922 South 15th. St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem DATE July 27th 1935
19. UNDERTAKER (ADDRESS) Keaton-Bebel & Bowman 319 So. 10th. St. Funeral Home
20. FILED 7-26- 1935 John R Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1935
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935, to July 25, 1935
I last saw him alive on July 25, 1935. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bacilliary Infection (Dysentery) | 7-21-35 |

Other contributory causes of importance: 13b

Name of operation none Date of
What test confirmed diagnosis? Gen. Sympt 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Blanch B. Rennick M.D.C
(Address) 222 Logan Bldg.

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.

100M-11-24-33