

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.

NOV 25 1935

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

Do not use this space.

33281

1. PLACE OF DEATH

54
1
County Burlington
Township Chillicothe
City Chillicothe

Registration District No. 505

Primary Registration District No. 3026

File No. 33281
Registered No. 140
St. _____ Ward)

2. FULL NAME

Charles F. Moseley
(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Getiticia Moseley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-23-1875</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>2</u>
		DAYS
		<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burlington Mo</u>		
13. NAME <u>Alexander S Moseley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DW Mo</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs Ruby Emerson Chillicothe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Bransfield Oct 21 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Jas D Gordon Chillicothe Mo</u>		
20. FILED <u>Oct 21 1935</u> <u>Donald S. Daulton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-21-1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1935 to Oct 21 1935.
I last saw him alive on Oct 20 1935. Death is said to have occurred on the date stated above, at 4 p. m.
The principal cause of death and related causes of importance were as follows:
Fracture of skull caused by being struck by auto - supped up
Date of onset Oct 19 1935

Other contributory causes of importance:
210 293

Name of operation _____ Date of _____
What test confirmed diagnosis? aut. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 19 1935
Where did injury occur? Burlington Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on highway

Manner of injury skull fracture
Nature of injury car supped up

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Emerson, M. D.
(Address) Chillicothe Mo

