

DEC 26 1935

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

Do not use this space.

36486

1. PLACE OF DEATH

County *Jefferson*Registration District No. *421*Township *Washington*Primary Registration District No. *3575*City *Jefferson City* (No.)

St. Ward)

2. FULL NAME *Edward F Moser*

(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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Cora Moser</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 3 - 1868</i>		
7. AGE	YEARS <i>67</i>	MONTHS <i>6</i>
	DAY <i>16</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Glass worker</i>	
	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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Genevieve Mo.</i>	
	13. NAME <i>Terrence Moser</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Genevieve Mo.</i>	
	15. MAIDEN NAME <i>Marguerite Garrett</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Genevieve Mo.</i>	
	17. INFORMANT (ADDRESS) <i>Edward Moser</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Genevieve</i> DATE <i>11/21</i> 19 <i>35</i>		
19. UNDERTAKER (ADDRESS) <i>Timothy Company</i>		
20. FILED <i>Nov. 21, 1935</i> <i>J. E. Rutledge</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/19* 19*35*

22. I HEREBY CERTIFY, That attended deceased from *6-14* 19*35*, to *11-19* 19*35*.

I last saw him alive on *11-19* 19*35*. Death is said to have occurred on the date stated above, at *10:52* m.

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

Chronic Nephritis
Emesis of Brain

Other contributory causes of importance:
Hypertension

Name of operation..... 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) *A. P. Smith* M. D.
(Address) *St. Genevieve Mo.*

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.

