

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

Do not use this space.

1. PLACE OF DEATH

County North Registration District No. 1
 Township Witchell Primary Registration District No. 1
 City Monticello St. _____ Ward _____

File No. 4357

2. FULL NAME Anna Chloë Mosberger

(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johnny Quincy Mosberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 16

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. for self

10. Date deceased last worked at this occupation (month and year) Jan 19, 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jayestown

13. NAME Dring C. Muehl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Chloë Spungen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Home DATE 1/30 1936

19. UNDERTAKER (ADDRESS) Dring C. Muehl

20. FILED 2-7 1936 Monticello, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-36

22. I HEREBY CERTIFY, That I attended deceased from 1-21-36 to 1-28-36

First saw her alive on 1-27-36 1936 Death is said

to have occurred on the date stated above, at 1230 N

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

Myocardial Infarction Date of onset 1-21-36

Other contributory causes of importance: Severe Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Typical findings 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 ✓, 1936

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? NO

If so, specify _____

(Signed) J. Ross, M. D.

(Address) Granville, Mo.

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.

