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.

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

MAR 25 1936

Do not use this space. 7472

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township St Ferdinand — Primary Registration District No. 6030 — Registered No. 23
City Jennings Mo (No. ..... St. ..... Ward)

2. FULL NAME Rose Altha Moseley
(a) Residence, No. 2216 Leslie St., ... Ward. Jennings Mo
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Moseley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 - 1872
7. AGE YEARS 63 MONTHS 11 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) Wentzville Mo

FATHER
13. NAME Henry A McClure
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthersville Mo

MOTHER
15. MAIDEN NAME Elizabeth Darnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Edward Moseley 2216 Leslie ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville Mo DATE 2 - 11 1936
19. UNDERTAKER (ADDRESS) Albert H Hopke Inc 429 N Euclid ave
20. FILED 2/10 1936 W. A. Zeitler Registrar. Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 8 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. endocarditis; Chr. myocarditis; with hemorrhage into the wall of the left ventricle, most excessive; wall finally became necrotic and ruptured thru causing patient to

Other contributory causes of importance:
hemorrhage into the pericardial sack, necrotic cystic left kidney; fibrotic splenitis with active

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? OVER 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 2/8/36
(Signed) [signature], M. D.
(Address) 3718 Jennings Rd.
Coroner St Louis Mo

ulceration on the capsular region.
Secondary; Rupture complete in two
areas in the apex of left ventricle of
heart causing excessive hemorrhage
into the pericardial sack. Senility.