

APR 21 1936

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

Do not use this space.

11452

## 1. PLACE OF DEATH

County Sumner  
Township  
City Marschville (No. ....)

Registration District No. 502  
Primary Registration District No. 4305

File No. ....  
Registered No. 9  
St. .... Ward)

## 2. FULL NAME

Mrs Minerva Mosbacher

(a) Residence, No. .... St. .... Ward  
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isiah Mosbacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
96 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) near Nashville Tenn

13. NAME Hal Pippin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dout Know

15. MAIDEN NAME Amy Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dout Know

17. INFORMANT (ADDRESS) Hortie Slaughter Marschville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bugs Cave DATE Mar 5 1936

19. UNDERTAKER (ADDRESS) Jas M Slaughter Marschville mo

20. FILED 3/5 1936 Oliver Barnett Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-29-1936 to 3-2-1936

I last saw her alive on 3-2-1936 Death is said

to have occurred on the date stated above, at 2:45 P.m.

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

Bronchial Pneumonia 2/21

Other contributory causes of importance:

Name of operation: diagnosed Date of: .....

What test confirmed diagnosis? diagnosed 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: .....

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: .....

(Signed) H. N. Ellis, M. D.

(Address) Marschville 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.

