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

Do not use this space.

16110

V. S. No. 2-A

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

PLACE OF DEATH
County Monroe
Township Jackson
City (No. ... St. ... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No.
Registered No. 32

FULL NAME William ~~B~~ Mosley

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

...le | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word) Single

...MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6 10 1856
...E OF BIRTH (MONTH, DAY, AND YEAR)

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
79	10	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

...THPLACE (CITY OR TOWN) Santa Fe
...TATE OR COUNTRY) ~~Monroe County~~ Mo

...NAME Thomas Mosley

BIRTHPLACE (CITY OR TOWN) ~~Santa Fe~~
(STATE OR COUNTRY)

MAIDEN NAME Jane Yancy

BIRTHPLACE (CITY OR TOWN) N.K.
(STATE OR COUNTRY)

...RMANT Verna Lee Botts
...DRESS) Santa Fe, Mo.

...IAL, ~~CREMATION, OR~~ REMOVAL
...ACE Santa Fe Cem DATE April 28 1936

...ERTAKER Snyder & Hanger
...DRESS) Santa Fe Mo

...d 4/27 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936 to April 27, 1936

I last saw him alive on April 27, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

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

Lobar Pneumonia — Date of onset 4/25/36

Flu

Other contributory causes of importance:

Influenza — 4/23/36

Name of operation ... Date of ...
What test confirmed diagnosis? none ... 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) Geo McRagsdale, M. D.
(Address) Paris Mo

V. S. No. 2-A

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File No.....

Registered No.....

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City..... (No..... , ... St. .....

2. FULL NAME.....

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....4.....min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT.....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....19.....

19. UNDERTAKER.....
(ADDRESS)

20. FILED....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceas
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I last saw h..... alive on....., 19..... Dea

to have occurred on the date stated above, at.....m.

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

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Other contributory causes of importance:

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 follov

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Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....