

JUN 20 1936

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

Do not use this space.

19095

1. PLACE OF DEATH

County Gasconade  
Township Concepcion  
City Owensville (No. \_\_\_\_\_)

Registration District No. 305  
Primary Registration District No. 4184

File No. \_\_\_\_\_  
Registered No. 10 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edward L. Mohesky

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Francis Mohesky</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 - 1902</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>1</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	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) <u>Near Sea, Missouri.</u>		
FATHER	13. NAME <u>Edward J. Mohesky</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Washington, Missouri.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Mertle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>	
17. INFORMANT (ADDRESS) <u>George Brown, Owensville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery</u> DATE <u>May 9</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>H. L. Gattis, Owensville, Mo.</u>		
20. FILED <u>5-16</u> 19 <u>36</u> <u>J. J. Ferrell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1936 to May 6 1936. I last saw him alive on May 6 1936. Death is said to have occurred on the date stated above, at 9:30 P. m. The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Influenza

Other contributory causes of importance:  
Influenza

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) Joseph W. Mills M. D.  
(Address) Owensville Mo

Date of onset  
5-1-36  
4-28-36

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

