JUL 28 1937

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

Do not use this space.

23596

File No. .....
Registered No. 43

1. PLACE OF DEATH
County: Dent
Township: .....
City: Salem (No. ..... St. ..... Ward)

Registration District No. 266
Primary Registration District No. 4164

2. FULL NAME Mrs Mary E Moser

(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: 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: James Moser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	11	2	

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): Shannon Co Mo

FATHER
13. NAME: D. Lynch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas Co Mo

MOTHER
15. MAIDEN NAME: ELizabeth Case
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): --- Kans.

17. INFORMANT: James Moser
(ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove Cem DATE 6/7/37 19..

19. UNDERTAKER: Carl K Spencer
(ADDRESS) Salem Mo

20. FILED June 7 1937 A. Elliott M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 14 1934 to June 5 1937, I last saw her alive on June 5 1937. Death is said to have occurred on the date stated above, at 5-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma 5 yrs left breast, Rt hand, left shoulder, lungs in Rt. lung.	1936
Other contributory causes of importance: Chronic Cholecystitis, Chronic Myositis.	1934
Carcinoma removed Rt hand	

Name of operation: Left breast Date of: 10/1/36
What test confirmed diagnosis? Clinical 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) Lloyd H. Kunz, M. D.
(Address) Salem 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.

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

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