SEP 21 1937

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

Do not use this space.

29649

1. PLACE OF DEATH
County Jackson 2
Township Kaw 1
City Kansas City (No. 3621 Wyandotte St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 3283

2. FULL NAME Samuel J. Mosier
(a) Residence, No. 3621 Wyandotte St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Mrs. May Mosier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1884

7. AGE: YEARS 552 MONTHS 11 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Theatrical Manager
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) August, 1935
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

FATHER
13. NAME Samuel Mosier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse N.Y.

MOTHER
15. MAIDEN NAME Helen Hiatt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal N.Y.

17. INFORMANT (ADDRESS) Mrs. May Mosier 3621 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn, K.C.Ks. DATE 8/5 1937

19. UNDERTAKER (ADDRESS) Geo. H. Long Montuary 10 and Barnett, Kansas City, Ks.

20. FILED Aug 5, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/2/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12P m.

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

Gunshot wound of the head.

Date of onset

Other contributory causes of importance: 167

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8/2/37, 19
Where did injury occur? 3621 Wyandotte Kaw (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Trauma by firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Kaw

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.