NOV 15 1937

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

Do not use this space.

File No. 37002

Registered No. 159

1. PLACE OF DEATH
County: Audrain
Township: S
City: Mexico, Mo. (No. ..., ... St. ..., Ward)

Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME: Mary Emma Mosley
(a) Residence, No. 804 S. Clark 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*): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Richard F. Mosley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 24-1857

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	9	24	

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): Lincoln County Mo

FATHER
13. NAME: Jim Zumwalt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: G.R. Mosley
(ADDRESS): Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New London Mo. DATE: Oct 20, 1937

19. UNDERTAKER: H.A. Precht & Son
(ADDRESS): Mexico, Mo.

20. FILED: Oct 19, 1937 Blanche Keely, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 36, 19..., to Oct 18, 1937
I last saw her alive on Oct 18, 1937. Death is said to have occurred on the date stated above, at 9:45 m P
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due from carcinoma of cecum, Primary seat cecum	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation: none Date of:
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) Paul E Cail, M. D.
(Address) Mexico Mo

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

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.

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