

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

Do not use this space.

31

4254

File No. _____

Registered No. 13

1. PLACE OF DEATH
 County Saline Registration District No. 796
 Township _____ Primary Registration District No. 3038
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Marguel Moscel 240
 (a) Residence, No. Mo State School St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 0 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Kansas City, Mo
 MOTHER 13. NAME J. G. Moscel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C.
 15. MAIDEN NAME D. K.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C.
 17. INFORMANT (ADDRESS) School Record, Marshall
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mo State School DATE Jan. 25, 1938
 19. UNDERTAKER (ADDRESS) Shoto M. Coary, Marshall, Mo
 20. FILED 1-25 1938 Marj Kent Deputy Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1938
 22. I HEREBY CERTIFY That I attended deceased from March 5, 1928, to Jan 24, 1938
 I last saw him alive on Jan 23, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) A. M. Mays M. D.
 (Address) Marshall

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.

RECEIVED

FEB 28 1938

BUREAU OF STATISTICS
MO. STATE DEPT. OF HEALTH