

REC'D MAR 22 1938

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

7594

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 615
 (b) Township Marion Primary Registration District No. 5817 Registered No. 31
 (c) City Newton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bert A. Moser 260
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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>Lay Moser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29 1889</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>9</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as 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) <u>Newtown County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>B. A. Moser</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Nannie Lewis</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Kansas</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Lay Moser</u> (ADDRESS) <u>R# 14 Joplin</u>		
18. BURIAL (CREMATION, OR REMOVAL) PLACE <u>Spring Valley Cem.</u> DATE <u>2/16 1938</u>		
19. FUNERAL DIRECTOR <u>W. H. City, Ltd. Co.</u> (ADDRESS) <u>W. H. City, Mo.</u>		
20. FILED <u>Feb 23 1938 Mrs. U. S. Chapman</u> Local Registrar. <u>547</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 193822. I HEREBY CERTIFY, That I attended deceased from February 1938 to Feb 14 1938I last saw him alive on 14 Feb 1938, 1938. Death is said to have occurred on the date stated above, at 2:45 m.

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

Chronic ValvularHeart Trouble7 Jk

Other contributory causes of importance:

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) W. N. Manchester M. D.
Joplin, Missouri

