REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH
17 County Carroll 2 Registration District No. 135 File No. 10377
3 Township Carrollton 1 Primary Registration District No. 3010 Registered No. 34
City Carrollton (No. ..... , ... St. ..... Ward)

2. FULL NAME Evah Mosher 260

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Otto Mosher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 16 - 1892

7. AGE: YEARS 46 | MONTHS 1 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper
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): Neb.

FATHER
13. NAME: Jesse N. Johnston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

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

17. INFORMANT (ADDRESS): Eldon Mosher, Bogard, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill DATE: 3-28, 1938

19. UNDERTAKER (ADDRESS): E. A. Dickerson, Bogard, Mo.

20. FILED 3-28, 1938 Ruth Haskins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1938 to 3-26, 1938
I last saw her alive on 3-26, 1938 Death is said to have occurred on the date stated above, at 5.40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
94 B	

Other contributory causes of importance: Mesenteric Thrombosis

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? No
If so, specify .....
(Signed) H. B. Grovern, M. D.
130 (Address) Carrollton, 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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