

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.

REC'D JAN 9 1938

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

42615
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125-
(b) Township 3009 Primary Registration District No. 372
(c) City Cape Girardeau mo. Street No. Smelterville St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(c) 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

2110 CHARLEY MOSLEY
(a) Residence, No. SO. CAPE, SMELTERVILLE St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE COL
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY MOSLEY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25 - 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 3 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARM Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. (69) diabetic (insipidus)
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) MS. natry
(STATE OR COUNTRY) Tennessee

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY)

17. INFORMANT Mar Mosley
(ADDRESS) So. Cape - Smelterville

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton mo DATE Dec. 10 1938

19. FUNERAL DIRECTOR (NAME) F. J. Sparks
(ADDRESS) Cape Girardeau mo.

20. FILED 12-8-38 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1938 to Dec 8 1938
I last saw him alive on Dec 6 1938 Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

(69) diabetic (insipidus) 19
Other contributory causes of importance: 69
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) [Signature] M. D.

(Address) Cape Girardeau Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

F. J. Sparks

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

F. J. Sparks

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.