

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.

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

Do not use this space.

1938 JAN 25 1939

1. PLACE OF DEATH

County Lawrence
Township Mt. Vernon
City Mt. Vernon (No. 1)

Registration District No. 470
Primary Registration District No. 3-6-33
Missouri State Sanatorium

File No. 45638
Registered No. 153
St. _____ Ward _____

2. FULL NAME John Moser

(a) Residence, No. 260 Fulton, Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

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>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 24, 1903</u> | | |
| 7. AGE | YEARS <u>35</u> | MONTHS <u>7</u> |
| | DAYS <u>26</u> | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u> |
| | 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) <u>1936</u> |
| | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (CITY OR TOWN) Batchelor
(STATE OR COUNTRY) Missouri

13. NAME Robert Luther Moser

14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

15. MAIDEN NAME Tessie Berry

16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT E. McMichael, Record Clerk
(ADDRESS) Missouri State San

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton Mo DATE Dec 19 - 38

19. UNDERTAKER Wallace Funeral Home
(ADDRESS) Fulton, Mo

20. FILED Dec 19, 1938 P. A. Holmes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to Dec. 19, 1938

I last saw him alive on Dec. 18, 1938 Death is said

to have occurred on the date stated above, at 1:10 A.M.

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

Pulmonary tuberculosis Date of onset 1938
May

23

Other contributory causes of importance:

Name of operation _____ 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? no

If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

