REC'D FEB 21 1939

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

Do not use this space.

2618

File No.
Registered No. 6

1. PLACE OF DEATH
County Jackson
Township Washington
City Kansas City (No. 8330 Terrace St. Ward)

Registration District No. 404
Primary Registration District No. 5558

2. FULL NAME Samuel Mosier
(a) Residence, No. 8330 Terrace St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Helen Mosier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	93	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cigar Maker
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) 1910
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) Oswego
(STATE OR COUNTRY) New York

FATHER
13. NAME Samuel Mosier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME Sadie Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. Chas. E. Miller
(ADDRESS) 1812 Rowland, K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn, K.C.K. DATE 1/26/39, 19

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED 2-6-, 1939 R. V. Lindsay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19-, 1939, to Jan. 23-, 1939.
I last saw him alive on Jan. 23, 1939. Death is said to have occurred on the date stated above, at 9:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	about Jan. 23-
Other contributory causes of importance: Senile debilitation	

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) Lo-H. Wyatt, M. D.
(Address) 3850 Prospect 366

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.

α

Dr. C. H. Wyatt -
3850 Prospect