SEP 18 1934

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

Do not use this space.

28406

File No.

Registered No. 990

1. PLACE OF DEATH
County Buchanan Registration District No. 65
Township Primary Registration District No. 2001
City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Cora May Moser
(a) Residence, No. 1709 Mitchell St., Ward. (Usual place of abode) (If nonresident, give city or town and State)
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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Moser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	7	14	

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

12. BIRTHPLACE (CITY OR TOWN) Troy, (STATE OR COUNTRY) Kansas

FATHER
13. NAME William Pickett
14. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mollie Cockran
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Charles E. Moser (ADDRESS) St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Aug. 22, 1934
19. UNDERTAKER Fleeman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.
20. FILED 8-22-1934 John R Bender *Registrar.*

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1934 to Aug 20, 1934
I last saw her alive on Aug 19 1934. Death is said to have occurred on the date stated above, at 9:20 A.M.
The principal cause of death and related causes of importance were as follows: Date of onset
Carcinoma of liver ?
46E
125B
46

Other contributory causes of importance:
Intestinal hemorrhage aug 18

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) W B Evans, M. D.
(Address) St Joseph Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD