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

Do not use this space.

35798

JAN 7 1928

1. PLACE OF DEATH
County: Webster — Registration District No.: 896 — File No.:
Township: Ozark — Primary Registration District No.: 6198 — Registered No.: 36
City: (No. , St. Ward)

2. FULL NAME: Eliza Graham Mosley
(a) Residence. No. 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: W. E. Mosley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 10, 1844

7. AGE: Years 82 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Graham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Bert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.

14. INFORMANT: M. O. McBride
(Address): Marshfield Mo R3

15. FILED 11/30, 1927 — J. R. Bruce, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1927, to Nov. 9, 1927, that I last saw her alive on Nov 8, 1927, and that death occurred, on the date stated above, at 2-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Paralysis
8 D
1 2 M 10 E
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Old age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? no. Date of —
Was there an autopsy? no
What test confirmed diagnosis? none
(Signed) M. Hightfill, M. D
Nov 10, 1927 (Address) Marshfield Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marshfield — DATE OF BURIAL: 11/11 1927
20. UNDERTAKER: F. M. Graham — ADDRESS: Marshfield

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.

PERMANENT RECORD