

FEB 2 1928

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

Do not use this space. 152

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.

1. PLACE OF DEATH

County Benton
Township Lindsay
City Rufus (No. 61)

Registration District No. 61
Primary Registration District No. 6097

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Rufus S. Mosley

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER J. P. Mosley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Athelia Hulbert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

14. INFORMANT Harper Mosley
(Address) Warsaw Mo

15. FILED Jan 3 1928 Geo A Logan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1928

17. I HEREBY CERTIFY That I attended deceased from DR _____, 1927, to Jan 2 1928 that I last saw him live on _____, 1928, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus
with gangrene
senility
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clotting
(Signed) James Logan, M. D.
(Address) Warsaw 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 Summerside Cemetery DATE OF BURIAL Jan 3 1928

20. UNDERTAKER J. B. Calbert ADDRESS Lincoln Mo

