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

Do not use this space.

38998

File No. .....
Registered No. 11675

1. PLACE OF DEATH

County ..... Registration District No. 79th
Township ..... Primary Registration District No. 1003
City St Louis (No. Mo. Baptist Hosp. St. ..... Ward)

2. FULL NAME James R. Mosley

(a) Residence (Usual place of abode) No. 9610 Midland Ave. St. 12 Ward. St Louis Co. Mo. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Frances Mosley.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	7	0	

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

9. BIRTHPLACE (CITY OR TOWN) Calvary Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jas. G Mosley.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Mary Carrington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs Frances Mosley
(Address) 9610 Midland Ave

15. FILED NOV 23 1929, 19..... Mary C Hartley REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1929, to Nov. 20, 1929 that I last saw him alive on Nov. 20, 1929, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Pancreas.
4 hrs
4 hrs
(duration) ..... yrs. 3 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Metastasis in the liver (duration) ..... yrs. ..... mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 18-29
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Roy Ewalt, M. D.
Nov. 23, 1929 (Address) 2436 Woodson Overland 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	DATE OF BURIAL
Oak Grove Cemetery	11-23 1929
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton Ave

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

MARGIN RESERVED FOR BINDING

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.

NO. 2.

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Dr. G. A. Walther
Woodson road
Overland Mo.

Wab 256