

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

Do not use this space.

39328

1. PLACE OF DEATH

County St. Louis Mo.
Township St. Louis
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1018

File No.
Registered No. 11516
St. Ward

2. FULL NAME

Fannie Mosley

(a) Residence, No. 3338 Morgan St., 21 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 - 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>46</u>	<u>3</u>	<u>9</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) (STATE OR COUNTRY) Mississippi

13. NAME Wash Mosley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME unkn name

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT James Thomas (ADDRESS) 3338 Morgan St

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial Center DATE Nov. 17 1931

19. UNDERTAKER W. V. Cathebra (ADDRESS) 3338 Morgan St

20. FILED 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1930, to Nov 10, 1931
First saw her alive on Nov 10, 1931 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Jan 7, 1930
930
97
930
Other contributory causes of importance: Atherosclerosis Jan 7, 1931

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Fredrick J. Kellard, M. D.
(Address) 8727 E. Kanway Rd.

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

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.

