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.

JAN 19 1932

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

Do not use this space.

40222
40312

1. PLACE OF DEATH
County Callaway
Township [illegible]
City Mokane
Registration District No. 105
Primary Registration District No. 4064
File No.
Registered No. 216
(No. ..... St. ..... Ward)

2. FULL NAME Clyde Crump 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. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-31
7. AGE YEARS 0 MONTHS 1 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Mokane Mo.

FATHER
13. NAME Carson Mosley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo - RFD.

MOTHER
15. MAIDEN NAME Lois Maddox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steedman Mo - RFD.

17. INFORMANT (ADDRESS) J. C. Mosley Mokane, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Harris Prairie Cemetery DATE 12-23-31, 19
19. UNDERTAKER (ADDRESS) C. W. Musgrove Mokane Mo.
20. FILED ....., 19 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1931, to 12-22, 1931
I last saw him alive on 12-22-31, 19 Death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Myelitis
16
158
81
Date of onset
Myelitis
Other contributory causes of importance:
Malnutrition
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) W. H. Williamson, M. D.
(Address) Mokane Mo