

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.

FEB 28 1932

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

Do not use this space.

A147
16

1. PLACE OF DEATH
 27 County Cooper Registration District No. 218
 2 Township Primary Registration District No. 2015
 4 City Boonville (No.) St. Ward (.....)
 2. FULL NAME George Frank Mosck (George J. Mosck)
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Alfa Mosck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9, 1896</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer 1</u>	11. Total time (years) spent in this occupation. <u>10 yrs</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-30-32</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County Missouri 1</u>		
FATHER	13. NAME <u>Mosck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Jane Morrison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Missouri</u>	
17. INFORMANT (ADDRESS) <u>J. J. Hatfield Fortuna mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>not cremated</u> DATE <u>Feb 9, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Jewell E. Richards</u>		
20. FILED <u>2/10 32</u> <u>G. A. Russell</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932, to Feb 7, 1932
 I last saw him alive on Feb 7, 1932. Death is said to have occurred on the date stated above, at 10 p. m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis peracute and gas bacillus phlegmonous of abdominal wall and legs thigh.
 Date of onset 101

Other contributory causes of importance: 127
128
129

Name of operation Drainage abd. Date of Feb 7
 What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc. Date of injury Feb 7, 1932
 Where did injury occur? Tulona Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury In a ditch
 Nature of injury See other side

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify yes handling corn
 (Signed) Henry Robinson, M. D.
 (Address) Boonville Mo

Additional remarks: Patient was hauling
corn on a wagon, fell backward, a stroke of
corn penetrated the anus and apparently penetrated
the rectum wall. A calculus of the prostate tissues
seen and opened on the abdominal wall, and
over left thigh, Th. u. entered the peritoneal cavity
and caused death. Patient was not seen to
fall shortly before death.

Alexander Ramsey
M.D.

Fortuna Mo

Mar 24, 1932.

State Board of Health

Jefferson City Mo.

Dr. Stewart, I received
ne death certificate but
it was for Frank Mock
and in all his papers his
name is signed George
F. Mock and I was
advised to have the
name changed

Yours truly
Alpha Mock.

Phlegmonous