

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.

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

Do not use this space.

NOV 25 1935

35956

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blaine Primary Registration District No. 5554
City ~~Independence~~, (No. _____) St. _____ Ward _____

2. FULL NAME

Victoria Cramer Mosley
(a) Residence, No. Independence Mo. St., R.O. 5 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. 6 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F Mosley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 15

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. House wife
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) Lamine, Mo.

FATHER
13. NAME Gabriel Cramer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Missouri

MOTHER
15. MAIDEN NAME Mary Jane Jeffries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Mo. Missouri

17. INFORMANT (ADDRESS) J. F. Mosley, Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamine Mo. DATE Nov 3 1935

19. UNDERTAKER (ADDRESS) Ott & Mitchell, Independence, Mo.

20. FILED 11-25-35 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1935 to Nov. 1 1935.
I last saw her alive on Nov. 1 1935. Death is said to have occurred on the date stated above, at 1:25 p.m.
The principal cause of death and related causes of importance were as follows:

Rabid Pneumonia
103

Date of onset Oct 29, 1935

Other contributory causes of importance:
Cardio-vascular disease with cardiac decompensation
Sahou

Name of operation none Date of _____
What test confirmed diagnosis Chuse Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none
Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) C. H. Allen, M. D.
(Address) Independence Mo.

