

NOV 15 1938

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

35152
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 35
(b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 1048
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maude A. Mosier,

(a) Residence, No. 260 Blockton, Iowa, St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Chris Mosier,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 4 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as 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) Plattville, Iowa,

13. NAME Asa Ferrill,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Iowa,

15. MAIDEN NAME Ida H. Stanley,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattville, Iowa,

17. INFORMANT (ADDRESS) Chris Mosier Blockton, Iowa,

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattville, Ia DATE Oct. 21- 1938

19. FUNERAL DIRECTOR (ADDRESS) Theodore Beyle! Beum 319 So. 10th Street, St. Joseph

20. FILED Oct 21 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to Oct. 21, 1938

I last saw her.. alive on Oct. 21, 1938 Death is said to have occurred on the date stated above, at 11:00 pm

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

Hypostatic pneumonia Date of onset Oct 18
Constrictive heart Oct 15
Failure
Gangrene left foot.
Other contributory causes of importance: Cancer, uterus. H&H ?
Embolus - Arterio-Sclerosis

Name of operation none Date of.....
What test confirmed diagnosis?..... 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) H. S. Samuel! M. D.
(Address) St. Joseph Mo.

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.

