

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

SEP 6 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monterey Registration District No. 573
Township St. Louis Primary Registration District No. 4337
City St. Louis (No. 5771) St. 2 Ward 2

File No. 21226
Registered No. 2

2. FULL NAME Dennis G Moser

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Agnes Fruehly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 6 22

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Carrier

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) Monterey Mo.

13. NAME D. G. Moser

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

15. MAIDEN NAME Caroline Kelly

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

17. INFORMANT (ADDRESS) Mr. D. G. Moser California Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave DATE June 22 1934

19. UNDERTAKER (ADDRESS) W. F. Kidwell

20. FILED June 30 1934 G. S. Wilson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1934

22. I HEREBY CERTIFY That I attended deceased from June 18 1934 to June 20 1934
I last saw him alive on June 20 1934. Death is said to have occurred on the date stated above, at 4 P.m.

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

Other contributory causes of importance:
2124

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 Accident Date of injury June 19 34
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury run over by wagon
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify working on farm & fell under wagon
(Signed) W. F. Kidwell M. D.
(Address) California Mo.

