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.

42312

DEC 28 1937

1. PLACE OF DEATH
County St. Francois — Registration District No. 775
Township Perry — Primary Registration District No. 6020-A
City Bonne Terre (No. ..... St. ..... Ward) — File No. ..... Registered No. 83

2. FULL NAME George Washington Mouser

(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. ..... mos. ..... 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-24-1874

7. AGE — YEARS: 63 — MONTHS: 10 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Gallinger Co Missouri

FATHER
13. NAME: Isaac Mouser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gallinger Co Missouri

MOTHER
15. MAIDEN NAME: Elzina Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gallinger Co Missouri

17. INFORMANT (ADDRESS): William F. Mouser Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: B.T. Cemetery — DATE: Nov. 28 1937

19. UNDERTAKER (ADDRESS): Brockus Undertaking Co Bonne Terre Mo

20. FILED Nov. 28 1937 — M. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Nov. 27, 1937
I last saw him alive on Nov 25 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown

Other contributory causes of importance: unknown

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? No
If so, specify .....

(Signed) O. L. Emerson, M. D.
(Address) Bonne Terre Mo