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

Do not use this space.

File No. 18028

Registered No. 153

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. ..... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME: Still Born Infant Thomas M. McVey
(a) Residence. No. 1248 Stewart 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: Female
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): May 9 - 1928

7. AGE: Years — Months — Days — If LESS than 1 day, ... hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Sedalia Mo

PARENTS
10. NAME OF FATHER: Thos. M. McVey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Sedalia, Mo
12. MAIDEN NAME OF MOTHER: Nellie Sauerwhite
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Sedalia, Mo.

14. INFORMANT: Thomas M. McVey
(Address): Sedalia

15. FILED 5-10, 1928 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/9 1928

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1928, to May 9, 1928, that I last saw b. liv. alive on May 9, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malposition with mechanical delivery
16013
30 minutes
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not know
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 9 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) Thos. M. McVey, M. D.
May 9, 1928 (Address) Sedalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sedalia Mo — DATE OF BURIAL: 5/9 1928

20. UNDERTAKER: W. Laughlin Bros — ADDRESS: Sedalia

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.