

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

Do not use this space.

VB 386

1. PLACE OF DEATH

County *Pettie*

Registration District No. *648*

Township *Sedalia*

Primary Registration District No. *3032*

City *Sedalia*

(No. *General Hospital*)

File No. *263*

Registered No. *263*

St. *Mo.* Ward *1*

2. FULL NAME

(a) Residence. No. *Mary Jane Whiteig*

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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

P

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 7-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than day, hrs. or min.

54

3

25

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)

Kansas

10. NAME OF FATHER

Geo Corbet

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Jennie Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kanso

14.

INFORMANT (Address)

*Wm Whiteig
Sedalia Mo*

15.

FILED *10-22-28* 19*28*

J. H. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct. 2 1928

17.

I HEREBY CERTIFY That I attended deceased from *Sept 28* 19*28*, to *Oct 2* 19*28*

that I last saw him alive on *Oct 2* 19*28*, and that death occurred, on the date stated above, at *3* *PM*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*1. Sudden Shock & Nerve
2. Yellowed Rupture
3. For Period of 2 Years
4. Lung*

(duration) *2* yrs. *2* mos. *2* da.

CONTRIBUTORY (SECONDARY)

(duration) *139* yrs. *2* mos. *2* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *Yes*

DATE OF *Oct 2 28*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

J. H. Love

M. D.

, 19 (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

DATE OF BURIAL

Sedalia Mo

Oct 3 1928

20. UNDERTAKER

Phillips

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.

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