

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

Do not use this space.

34398

1. PLACE OF DEATH

County... Pettis Registration District No. 665

Township..... Primary Registration District No. 3032

City... Sedalia (No. Hosp. # 2)

File No.

Registered No. 277

St. Ward)

2. FULL NAME

(a) Residence No. Joe Williams 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

M

4. COLOR OR RACE

col

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

divorced

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

Emily Williams

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

dot no

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

about 66

dot no

dot no

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

L

(b) General nature of industry, business, or establishment in which employed (or employer)

x

(c) Name of employer

x

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

dot no
Okla.

10. NAME OF FATHER

dot no

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

dot no
dot no

12. MAIDEN NAME OF MOTHER

dot no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

dot no
dot no

14. INFORMANT

(Address)

FILED

Mrs. Appleby [nurse]
Hosp. # 2 Sedalia

10-27-25

19.

J. L. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 10/23 1928

17. I HEREBY CERTIFY That I attended deceased from 10/18

1928, to 10/23 1928

that I last saw h. alive on 10/22 1928, and that

death occurred, on the date stated above, at 6:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Substitution my heart
and chronic

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Sedalia Mo.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. ... M. D.

, 19 (Address) Sedalia

*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 27 1928

20. UNDERTAKER

ADDRESS

F. W. Ferguson

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.

