

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.

JAN 28 1929

41988

1. PLACE OF DEATH

County PittsRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia (No.)File No. Registered No. 818St. Ward

2. FULL NAME

(a) Residence. No. 412 N Wash St. 2 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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

negro

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

Married

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

Mrs Alice White

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

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Unknown

8. OCCUPATION OF DECEASED

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

Boiler Helper

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

(c) Name of employer

Mrs Pac

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Howard Co

10. NAME OF FATHER

Geo White

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT
(Address)Mrs Alice White
412 N Washington

15.

FILED 12-5-28J. P. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 3 19 28

17.

I HEREBY CERTIFY, That I attended deceased from 11-12-28, 1928, to Dec 3, 1928, and that I last saw him alive on Dec 3, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
95-8

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Lobar Pneumonia with an effusion
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. R. Maddox, M. D., 19 (Address) 116 1/2 West Main

*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

Dec 5 19 28

20. UNDERTAKER

W. M. Alexander

ADDRESS

Sedalia

