

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

Do not use this space.

Long 2862

**1. PLACE OF DEATH**

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 130.32

City Sedalia (No. 1020)

State Mo.

File No. 8

Registered No. 8

St. Mo. Ward

**2. FULL NAME**

Martha H Wilcox

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

W

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

Widow

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

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

Oct. 36 - 1853

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

2

12

**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)

Mo

**10. NAME OF FATHER**

William Moffett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ky

**12. MAIDEN NAME OF MOTHER**

Mary Crenshaw

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ky

**14.**

INFORMANT (Address)

Dean Wilcox  
Sedalia Mo

**15.**

FILED 1-21, 1929

J. H. Love  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Jan 8 1929

**17.**

HEREBY CERTIFY That I attended deceased from Dec 19 1928 to Jan 8 1929, and that I last saw him alive on Jan 8 1929, and that death occurred, on the date stated above, at 1 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

11 A. M.  
10/18/28 Branch - Pneumonia  
(duration) yrs. mos. 8 da.

**CONTRIBUTORY (SECONDARY)**

Pneumonia  
(duration) yrs. mos. 14 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Frank B. Long, M. D.  
Jan 9, 1929 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

Jan 9 1929

**20. UNDERTAKER**

Fuller

**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.

262

2

28

58

