

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

Do not use this space.

9340

1. PLACE OF DEATH

County North
Township Union
City Union (No.)

Registration District No. 904
Primary Registration District No. 6213

File No.
Registered No.
St. Ward

2. FULL NAME

Suetta Wiltsey

(a) Residence. No. St. Ward
(Usual place of abode)

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) Jan 29 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union Township
(STATE OR COUNTRY) North Co Mo

10. NAME OF FATHER Henry C Wiltsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) South Dakota
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Marjorie Davidson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

14. INFORMANT Henry C Wiltsey
(Address)

15. FILED Mar 1 1929 J W Nigh
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1929, to Feb. 28 1929, that I last saw her alive on Feb. 28 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Recorded Pneumonia
100%
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Premature Birth
(duration) yrs. mos. ds. 30

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ☒

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Signs
(Signed) John W Nigh, M. D.
, 19 (Address) Sheridan 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 Sheridan Cem. DATE OF BURIAL Mar 1 1929

20. UNDERTAKER Long & Boyd ADDRESS Sheridan

N. E.—Every item of information should be carefully supplied. AGE must be stated exactly. If approximate, so state. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

