

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

Do not use this space.

33753

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (Name _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 725
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 210 7th Washington St. Word. _____
(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 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 Pinky Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) dont no

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 36 dont no

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Texas

10. NAME OF FATHER dont no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) dont no
(STATE OR COUNTRY) dont no

12. MAIDEN NAME OF MOTHER dont no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont no
(STATE OR COUNTRY) dont no

14. INFORMANT Wallace Williams
(Address) 433 Freeman Kansas City Mo

15. FILED 10-11-30 J. L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic heart trouble
insufficiency of
mitral valve
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. S. Bishop, 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 Sedalia Mo DATE OF BURIAL Oct 19 1930

20. UNDERTAKER F. W. Ferguson 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.

