

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.

36995

dec 22 1930
File No. *See Newby*
Registered No. *297*
St. _____ Ward _____

1. PLACE OF DEATH

County *Butte* Registration District No. *668*
Township *Sedalia* Primary Registration District No. *3032*
City *Sedalia* (No. *1322 E 7th*)

2. FULL NAME

(a) Residence. No. *1322 E 7th* 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 <i>M</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Isabel White</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>May 19 1871</i>		
7. AGE YEARS <i>59</i>	MONTHS <i>5</i>	DAYS <i>24</i>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Watchman</i> (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*

PARENTS

10. NAME OF FATHER <i>Geo White</i>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Turn</i>
12. MAIDEN NAME OF MOTHER <i>Hilda Rice</i>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>

14. INFORMANT *Hellie White*
(Address) *Sedalia Mo*

15. FILED *11-14-30* *J. L. Love*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 13 1930*
17. I HEREBY CERTIFY, That I attended deceased from *Nov 3 1930* to *Nov 13 1930*
that I last saw him alive on *Nov 13 1930*, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
acute dilatation of heart due to mitral Regurgitation
(duration) _____ yrs. _____ mos. *10* ds.
CONTRIBUTORY (SECONDARY) *never consulted Physician until Nov 3 1930* mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED
900 W
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF _____
WAS THERE A AUTOPSY
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *Frank R. Moley, M. D.*
Nov 14 1930 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 <i>Mum. Park</i>	DATE OF BURIAL <i>11/16 30</i>
20. UNDERTAKER <i>Illiespin</i>	ADDRESS <i>Sedalia</i>

