

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

Do not use this space.

2895

**1. PLACE OF DEATH**

County Pettis  
Township Sedalia  
City Sedalia (No. ....)

Registration District No. 668  
Primary Registration District No. 3032

File No. ....  
Registered No. 38  
St. .... Ward)

**2. FULL NAME** Daniel Temple Post

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? 95 yrs. 5 mos. 2 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25, 1835

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
95 5 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Shoemaker  
(b) General nature of industry, business, or establishment in which employed (or employer) Self 87  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Connecticut 2  
(STATE OR COUNTRY)

10. NAME OF FATHER Marion Post

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Connecticut  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lopez Behnell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known 31  
(STATE OR COUNTRY)

14. INFORMANT Miss Ora Post  
(Address) La Monte, Mo

15. FILED 1-28-31 19 J.H.M. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-24 1931 to 1-28 1931 that I last saw him alive on 1-28 1931, and that death occurred, on the date stated above, at 4 PM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial nephritis  
130  
93A (duration) 45 yrs. 5 mos. 2 ds.  
CONTRIBUTORY (SECONDARY) Acute myocarditis  
(duration) yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRIBUTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF ...  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Laboratory  
(Signed) J.W. Boger M. D.  
(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 Fairview Cemetery DATE OF BURIAL 1-30-31

20. UNDERTAKER W.C. Clark ADDRESS Sedalia, Mo.

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.

FEB 20 1931

