

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 27 1931

Dr. Walters

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

Do not use this space.

15197

1. PLACE OF DEATH

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

Registration District No. *665*
Primary Registration District No. *3032*

File No.
Registered No. *125*
St. Ward

2. FULL NAME *Luricia Jane Oswald*

(a) Residence, No. *1701 East 10th St.* *3* Ward.

Length of residence in city or town where death occurred *28* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *FEB 14 - 1847*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *84 1 25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired 235*
10. Date deceased last worked at this occupation (month and year) *at home* Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Keosauqua Mo*

13. NAME *Jonas Thomas*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn*

15. MAIDEN NAME *Ella Woolery*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Keosauqua Mo*

17. INFORMANT (ADDRESS) *Mrs. E. E. Bell Sedalia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sedalia Mo* DATE *4/11* 19*31*

19. UNDERTAKER (ADDRESS) *Mrs. Laughlin Bros. Sedalia Mo*

20. FILED *4-10* 19*31* *J. E. Love* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/9* 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *1923* to *April 9*, 19*31*
I last saw her alive on *April 9*, 19*31* Death is said to have occurred on the date stated above, at *1140* An.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Valvular disease
arterio-sclerosis
Hypertension
Other contributory causes of importance: *92A*

Name of operation *none* Date of operation *none*
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *A. L. Walter*, M. D.
(Signed) *Sedalia Mo*
(Address)

100