

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

Do not use this space.

18886

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township Bedalia Primary Registration District No. 3032
 City Bedalia (No. Robert M. Memorial) Ward St. 3 Ward

2. FULL NAME

(a) Residence, No. 504 E 3rd St., 2 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day 45 Exact date Not known

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Mo

13. NAME Tom Donley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) J. C. Sisson

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Bedalia Mo DATE 5/29 1931

19. UNDERTAKER (ADDRESS) Mrs. Langlin

20. FILED 5-30 1931 Registrar J. L. Lovv

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th 1931

22. I HEREBY CERTIFY, That I attended deceased from May 20 1931, to May 27 1931
 I last saw Dr. alive on May 27 1931. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Internal injuries sustained in automobile accident

Other contributory causes of importance: none

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 5-18 1931
 Where did injury occur? Highway # 118
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile burned over
 Nature of injury Injury to left abdomen

24. Was disease or injury in any way related to occupation of deceased? none
 If so, specify _____
 (Signed) Mrs. Bishop, M. D.
 (Address) Bedalia Mo

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.

JUN 27 1931

