

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

Do not use this space.

1200

1. PLACE OF DEATH

County Jackson
Township Raw
City Manassas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 5028
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2304 Harrison St., 4 Ward.

(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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Cole

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 5 60

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Wash. D.C.

10. NAME OF FATHER Thomas W. Sewing Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wash. D.C.

12. MAIDEN NAME OF MOTHER Margaret Brooks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wash. D.C.

14. INFORMANT Frank Cole
(Address) 2304 Harrison

15. FILED Jan 21, 1932 M. M. Croome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1932

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to July 20, 1932 that I last saw him alive on July 17, 1932 and that death occurred, on the date stated above, at 5:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ectopic Gestation
142 B rupture
122 B

CONTRIBUTORY (SECONDARY) Intestinal obstruction
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 12/32

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS operative & spinal
(Signed) Robert, M. D.

1/21, 1932 (Address) 1716 E. 12th

*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 Bremond Truss DATE OF BURIAL 1/22 1932

20. UNDERTAKER Walter W. Walker ADDRESS 1520 N. 5th A.C.R.

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.

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

