

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

Do not use this space.

2001

**PLACE OF DEATH**

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

Registration District No. *668*  
Primary Registration District No. *3032*

File No. ....  
Registered No. *8* St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *Windsor mo.* 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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *✓*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 8 1928*

7. AGE YEARS *3* MONTHS *8* DAYS *0* If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *✓*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

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

MOTHER 13. NAME *Beat Winch*

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

15. MAIDEN NAME *Cora Schnavel*

16. BIRTHPLACE (CITY OR TOWN) *Donia mo* (STATE OR COUNTRY)

17. INFORMANT *Mrs Estella Weathers* (ADDRESS) *120 N 5th Sedalia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Windsor mo* DATE *1/10/32*

19. UNDERTAKER *Mc Laughlin Bros* (ADDRESS) *Sedalia mo*

20. FILED *1-8 1932* Registrar. *J. Love*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/8* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *1/8* 19*32* to *1/8* 19*32*

I last saw him alive on *1/8* 19*32*. Death is said to have occurred on the date stated above, at *8 A.* m.

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

*Edema of Larynx (probably diphtheria?)* Date of onset *1/6/32*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? *24* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

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.....

(Signed) *Dr Dyer* M. D.

(Address) *Sedalia Mo*

