

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

Do not use this space.

9553

1. PLACE OF DEATH

80
4
8

County Pettis
Township Sebagia
City Sebagia (No. 1308)

Registration District No. 668
Primary Registration District No. 2032

File No. _____
Registered No. 83

2. FULL NAME

(a) Residence, No. 1308 S. 4th St., 3rd 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 112

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) Mo 1

13. NAME Wm Inglett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

15. MAIDEN NAME Mrs. Inglett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Mrs. T. W. Harris
(ADDRESS) Sebagia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3/22 1932

19. UNDERTAKER Tellespie Funeral Home
(ADDRESS) Sebagia Mo

20. FILED 3-22-32 1932 J. J. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932 to March 21, 1932

I last saw him alive on March 20, 1932 Death is said to have occurred on the date stated above, at 5A m.

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

Carcinoma of the breast
50
Bronchial Asthma 42.5?
Date of onset _____

Name of operation None Date of _____

What test confirmed diagnosis? Cement 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 _____, 1932

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) Frederic B. Long, M. D.
(Address) Sebagia Mo
301 N. 4th St.

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.

APR 28 1932

