

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

Do not use this space.

17036

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Primary Registration District No. 3032
 8 City Sedalia St. Ward)

2. FULL NAME Ethel Smith
 (a) Residence, No. 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 F 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 Joe Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 18 92

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 X

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self - 235

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) Sedalia
Pettis Co Mo

FATHER
 13. NAME Nelson Byse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boardman Mo

MOTHER
 15. MAIDEN NAME Mahaley Ross
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

17. INFORMANT Mahaley Byse
 (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE 5-6 1932

19. UNDERTAKER F. D. Ferguson
 (ADDRESS) Sedalia Mo

20. FILED 5-6 1932 J. S. Love
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932
ruined body

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw him..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Drinking 2 oz Lysol with Street alcohol
163c
 Other contributory causes of importance: 163

Name of operation..... Date of.....
 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? suicide 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?.....
 If so, specify.....
 (Signed) W. F. Bishop Coroner, M. D.
 (Address).....

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 24 1932

1968

1969