

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

Do not use this space.

17045

1. PLACE OF DEATH

99 County Pettis
Township Sedalia Mo
City Sedalia Mo (No. 13th Hosp.)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 131
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____
(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Esabelle Walston

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

Nov-7-1884

AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

47

6

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Grocery Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Werlings Cash Store

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Corning Iowa

10. NAME OF FATHER

Chas. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Nebraska

12. MAIDEN NAME OF MOTHER

Rogers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unk

14. INFORMANT

(Address)

Mrs. Harry H. Williams
Knot Noter Mo

15. FILE

5-25, 1932

J. L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25-1932

17. HEREBY CERTIFY, That I attended deceased from Apr 23, 1932 to May 25, 1932
that I last saw him alive on May 25, 1932 and that death occurred, on the date stated above, at 9:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured atherosclerotic
coronary arteries
121A
121B
absorbing of poisons
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-23-1932

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. D. Rush, M. D.

, 19 1932 (Address) Sedalia Mo

*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

DATE OF BURIAL

City Cem Knot Noter Mo 5/27/1932

20. UNDERTAKER

ADDRESS

C. L. Sauls 1 Knot Noter Mo

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.

FILE 24 1932

1000