

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.

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

Do not use this space.

Prof. W. H. ...
17047

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Primary Registration District No. 3032
 8 City Sedalia (No. 301 W, 4th St. Ward)
 2. FULL NAME Isaac Moseley Danforth
 (a) Residence, No. 301 W 4th St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 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) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Rebecca
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Lafayette Ind - 2

FATHER
 13. NAME Samuel Danforth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartford Conn

MOTHER
 15. MAIDEN NAME Matilda Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England ?

17. INFORMANT (ADDRESS) Edwin Danforth
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE 5-27 1932

19. UNDERTAKER (ADDRESS) McLaughlin Bros
Sedalia Mo

20. FILED 5-27 1932 J. J. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1932

22. I HEREBY CERTIFY That I attended deceased from May 5 1932 to May 26 1932
 I last saw him alive on May 26 1932 Death is said to have occurred on the date stated above, at 11:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Sanguine left foot and lower two thirds of left leg. Date of onset 9/1/32
59 59 about
78 59

Other contributory causes of importance: Diabetes mellitus 3 years

Name of operation None Date of 10/1/32

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? No 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) J. J. Love M. D.
 (Address) 112 26th St., Sedalia,

