

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

Do not use this space.

**23663**

**1. PLACE OF DEATH**

County Pettis  
Township Sedalia  
City Sedalia

Registration District No. 668  
Primary Registration District No. 3032

File No. \_\_\_\_\_  
Registered No. 187 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 714 W. Grand St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Mary Palmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>15 Dec. 1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>1</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>July 1, 1932</u>		
11. Total time (years) spent in this occupation <u>66 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis Co. Mo.</u>		
13. NAME <u>Edward Palmer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Adaline Breuhl</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wichita, Kansas</u>		
17. INFORMANT (ADDRESS) <u>J. Palmer, Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>July 19, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros. Sedalia, Mo.</u>		
20. FILED <u>7-18, 1932</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932

22. I HEREBY CERTIFY that I attended deceased from June 15th, 1932 to July 17th, 1932  
last saw him alive on July 16th, 1932 Death is said to have occurred on the date stated above, at 2 P. M. July 17th.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis with Mitral regurgitation  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Interstitial Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinalysis 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) Edw. Palmer M. D.  
(Address) Sedalia, Mo.

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.

AUG 25 1932

