

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.

NOV 28 1932

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

Do not use this space.

M. L. 33143

1. PLACE OF DEATH

County *Pike*

Registration District No. *668*

Township *1*

Primary Registration District No. *3032*

City *Sedalia*

(No. *Bethwell Hosp.*)

File No. _____

Registered No. *257*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *412 N. Grand* St. *W* 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

W

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

Widow

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

Harry Wingard

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

April 7 1893

7. AGE

YEARS

MONTHS

DAYS

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

39

5

25

OCCUPATION

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.

2345

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)

Iowa

MOTHER FATHER

13. NAME

W T Crain

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

Iowa

15. MAIDEN NAME

Rebecca Crain

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

Iowa

17. INFORMANT (ADDRESS)

Mr. Rebecca Crain Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Crown Hill*

DATE *10/4*

32

19. UNDERTAKER (ADDRESS)

Telegraph Fun Home Sedalia Mo

20. FILED

10-4

1932

Registrar.

3

MEDICAL CERTIFICATE OF DEATH

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

Oct 2 1932

22. I HEREBY CERTIFY, That I attended deceased from *Sept 27*, 19*32*, to *Oct 2*, 19*32*.

I last saw her alive on *Oct 2*, 19*32*. Death is said

to have occurred on the date stated above, at *10:20 P.M.*

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

occlusion of small intestine due to adhesions from previous operation

1770 1770 1770 1770 1770 1770 1770 1770 1770 1770

Other contributory causes of importance:

Name of operation *laparotomy for free intestine* Date of operation *Sept 27 1932*

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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) *Chas. M. Weir*, M. D.

(Address) *Sedalia Mo*

