

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.

33151

1. PLACE OF DEATH

80 County Pettis
4 Township
8 City Sedalia (No.)

Registration District No. 668

Primary Registration District No. 3032

File No. _____

Registered No. 266

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Addie Williams
(Usual place of abode) N. Osage

Ward. _____

(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 7 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 Jessie Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home
10. Date deceased last worked at this occupation (month and year) one year 11. Total time (years) spent in this occupation 4 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Pettis Co Mo

13. NAME David Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

15. MAIDEN NAME Kattie Harding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

17. INFORMANT Kattie Duncan (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACES Sedalia Mo DATE Oct 13 1932

19. UNDERTAKER F. J. Ferguson (ADDRESS) Sedalia

20. FILED 10-13 1932 J. L. Rose Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-29-1932 to October 10-1932

I last saw her alive on 10-10-1932 Death is said to have occurred on the date stated above, at 10:50 a.m.

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

140 Date of onset

Acute Peritonitis

Other contributory causes of importance:

Abortion (self-inflicted)

Name of operation _____ Date of _____

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? _____ Date of injury _____

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) A. R. Maddox, M. D.

(Address) 116 1/2 W. Main

