

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.

33157

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 276
St. Ward

2. FULL NAME

(a) Residence, No. 814 N Osage St., ... 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 <u>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Annie Bane</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 16 1874</u>		
7. AGE YEARS <u>58</u> MONTHS <u>7</u> DAYS	If LESS than 1 day, ... hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Blacksmith Shop</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 4 1932</u>	
11. Total time (years) spent in this occupation		
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>dont no</u>	
	13. NAME <u>dont no</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>dont no</u>	
	15. MAIDEN NAME <u>dont no</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>dont no</u>	
17. INFORMANT <u>Annie Bane</u> (ADDRESS) <u>Sedalia mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia Mo</u> DATE <u>Oct 21 1932</u>		
19. UNDERTAKER <u>F D Ferguson</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>10-21 1932</u> <u>J. S. Love</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1931, to 10-16, 1932
I last saw him alive on 10-14, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Other contributory causes of importance: arteriosclerosis
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 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 more than hard work
(Signed) W E Gresh, M. D.
(Address) Sedalia mo

