

NOV 28 1932

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

Do not use this space.

33158

1. PLACE OF DEATH

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

Registration District No. 668

Primary Registration District No. 3032

File No.

Registered No. 277

St. Ward)

2. FULL NAME

(a) Residence, No. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-28-1930</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>9</u>	DAYS <u>19</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) mo

13. NAME Wm E. Bales

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

15. MAIDEN NAME Helene Spurlock

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

17. INFORMANT W. E. Bales (ADDRESS) 103 South Prop.

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles DATE 10/18/32

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia

20. FILED 10-17-32 J. L. Love Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 to Oct 17

I last saw him alive on Oct. 17, 1932 Death is said

to have occurred on the date stated above, at 1130 a.m.

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

Cerebro-vascular Date of onset 10/11/32

hypertension

small aneurysm

2 dry taps. 174/110

Other contributory causes of importance

Intestinal intoxication 9/8/32

with difficult dentition.

Name of operation None Date of no

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

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 no

(Signed) 112245 M. D.

(Address) Sedalia

