

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

Do not use this space.

33172

1. PLACE OF DEATH

County Wells
Township Cedar
City Sedalia (No. 92)

Registration District No. 668
Primary Registration District No. 5894

File No. _____
Registered No. 283
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Box 5 St. _____ Ward _____

(Usual place of abode) Length of residence in city or town where death occurred yrs. 11, 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1929
7. AGE YEARS 3 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clearcreek Township (STATE OR COUNTRY) Mo.

13. NAME Geo Wm Twenter
14. BIRTHPLACE (CITY OR TOWN) Clearcreek (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Julia Keller
16. BIRTHPLACE (CITY OR TOWN) Clearcreek Poplar Co (STATE OR COUNTRY) Mo.

17. INFORMANT George W Twenter (ADDRESS) Sedalia - R#5

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearcreek DATE 10/24/32

19. UNDERTAKER M^cLaughlin Bros (ADDRESS) Sedalia Mo

20. FILED 10-23 1932 JRM Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1932

22. I HEREBY CERTIFY That I attended deceased from Oct 20 to Oct 22 1932

I last saw her alive on Oct 23 1932 Death is said

to have occurred on the date stated above, at 2:20 p.m.

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

Diphtheria laryngeal Date of onset 10/10
(Diphtheria)

Other contributory causes of importance: Cardiac Failure

Name of operation no Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. B. Fisher, M. D.

(Address) 117 West Sedalia

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.

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80

