

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.

1. PLACE OF DEATH
 804 County Putnam Registration District No. 668
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. 1) St. Mo. Ward 1

File No. 41024
 Registered No. 329

2. FULL NAME Jessie E. Carp
 (a) Residence, No. 615 E 17th St., Mo. Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 yrs. 10 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Carp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1859
 7. AGE YEARS 73 MONTHS 10 DAYS 9 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) Ill. (STATE OR COUNTRY) 2

13. NAME Jessie Rud
 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) 9

15. MAIDEN NAME Anna ?
 16. BIRTHPLACE (CITY OR TOWN) Ann (STATE OR COUNTRY) 2

17. INFORMANT David Carp (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ante Del Cemetery DATE 12/12 1932

19. UNDERTAKER M. Lang & Son Bros. (ADDRESS) Sedalia Mo.

20. FILED 12-10-32 J. S. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1932 to Dec 10 1932

I last saw her alive on Dec 10 1932 Death is said to have occurred on the date stated above, at 8:55 a.m.
 The principal cause of death and related causes of importance were as follows:

Sobar Pneumonia - Right
Influenza
 Other contributory causes of importance: ①
 Name of operation None Date of Dec 10 1932
 What test confirmed diagnosis? Findings as there an autopsy?

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? none (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) J. B. Carlisle M. D.
 (Address) 314 Polio Sedalia Mo

