

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Campbell
Do not use this space.

2645

1. PLACE OF DEATH

County *Putnam*Registration District No. *66T*Township *Sedalia*Primary Registration District No. *3032*City *Sedalia*(No. *520 E 5*)

File No.

Registered No. *5*

St.

Ward)

2. FULL NAME

(a) Residence, No. *520 E 5*

(Usual place of abode)

St.

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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

A J White Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 7 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

*59**9**26*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

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) (STATE OR COUNTRY)

mo

FATHER

13. NAME

*Robt Lister**1*

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

mo

MOTHER

15. MAIDEN NAME

1

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

1

17. INFORMANT

(ADDRESS)

A J White Jr. Webster James mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

*1/5**53*

19. UNDERTAKER

(ADDRESS)

Seaside Funeral Home Sedalia mo

20. FILED

1-4, 19*33**J. L. Love*
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 3 - 1933

22. I HEREBY CERTIFY, that I attended deceased from

*Jan 2 1933 to Jan 3rd 1933*I last saw her alive on *Jan 2 1933* Death is saidto have occurred on the date stated above, at *8 a m*

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

Cerebral hemorrhage

Date of onset

82A 82A

Other contributory causes of importance:

Two previous slight cerebral hemorrhages

Name of operation

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

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)

M. D.

(Address)

Sedalia, Mo.

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.

JUL 22 1952