

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

Do not use this space.

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 30320
 City Sedalia (No. _____) St. _____ Ward _____

File No. 14129
 Registered No. 101

2. FULL NAME

(a) Residence, No. 575 N. Pettis 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>F</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 (OR) WIFE OF <u>John Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-26-1875</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>6</u>
	DAYS <u>12</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) _____ <u>X</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co Mo</u>		
FATHER	13. NAME <u>John Murphy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Dora Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Walker Murphy Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Lebanon</u> DATE <u>4-11</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>F. D. Ferguson Sedalia</u>		
20. FILED <u>4-10</u> 19 <u>33</u> <u>J. J. Love</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1933 to 1933
 I last saw her alive on 4-8-1933 Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset	<u>Acute Tubercular Pneumonia</u>
	<u>Pulmonary Tuberculosis</u>
	<u>Post. Hemorrhage</u>

Other contributory causes of importance: _____

Name of operation not any Date of _____
 What test confirmed diagnosis chest 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? _____
 If so, specify _____
 (Signed) A. B. Maddox, M. D.
 (Address) 16 1/2 W. Main

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.

MAY 22 1933

RECORD WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

