WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 24 1933

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

Do not use this space.

15363

1. PLACE OF DEATH

97 County Saline — Registration District No. 796 — File No.

5 Township — Primary Registration District No. 3038 — Registered No.

City Marshall (No. 101, So. Benton St. Ward)

7 2. FULL NAME Frank Sadewhite

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary C. Sadewhite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1854

7. AGE: YEARS 78 — MONTHS 11 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 83

10. Date deceased last worked at this occupation (month and year): 13

11. Total time (years) spent in this occupation:

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

FATHER

13. NAME: James Sadewhite

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: — Moore

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Effie Price, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridge Park Cem. DATE: Apr. 12, 1933

19. UNDERTAKER (ADDRESS): Vandiver Mortuary, Marshall, Mo.

20. FILED 4-26-, 1933 A. C. Putnam, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 31, 1932 to Apr 10, 1933

I last saw him alive on Apr 10, 1933. Death is said to have occurred on the date stated above, at 3:40 P m.

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

	Date of onset
Cerebral Hemorrhage	4-1-33

Other contributory causes of importance: Prostatic Hypertrophy 1926

Name of operation: Date of

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? Date of injury, 19

Where did injury occur? no (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) H. Simmons, M. D.

(Address) Marshall Mo.