

JUN 23 1933

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

Normal
Do not use this space.

17413

1. PLACE OF DEATH

County Polk
Township Seelya
City Seelya (No. P 7 D #)

Registration District No. 668

Primary Registration District No. 5889

File No. 121

Registered No. 121

St. Seelya Ward

2. FULL NAME

(a) Residence, No. P 7 D # St. Ward

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1858

7. AGE YEARS 74 MONTHS 7 DAYS 6 If LESS than 1 day, hrs. min.

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

13. NAME C. C. Crawford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Amanda Elliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) R. T. Wadleigh Seelya Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seelya DATE 5/3 1933

19. UNDERTAKER (ADDRESS) Gillispie Funeral Home Seelya Mo

20. FILED 5-2 1933 J. L. M. Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to July 1, 1933
I last saw h. er alive on April 28, 1933. Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:

131
92 Cardiac Nephrosi
90 B
131
Other contributory causes of importance:

Chronic interstitial Nephritis
Endocarditis

Name of operation Date of
What test confirmed diagnosis? Chrom Was there an autopsy? yes

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) Arthur G. Moring, M. D.
(Address) 111 W 4 Seelya Mo

