

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.

NOV 10 1933

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

Do not use this space.

34047

1. PLACE OF DEATH

County Pettis Registration District No. 668  
Township 4 Primary Registration District No. 3032  
City Sedalia (No. 316 of Missouri) St. Missouri Ward

File No. 242  
Registered No. 668

2. FULL NAME

Meda Wornell Killin

(a) Residence, No. 316 S. Missouri St. Missouri Ward.

Length of residence in city or town where death occurred 20 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
62 4 16

8. Trade, profession, or particular kind of work done, as splaner, 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) Miller Co. Mo.

13. NAME Dont Know

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) E. B. Wornell Jefferson City mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 10-10-1933

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros Sedalia Mo.

20. FILED 10-10 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933 to Oct 8, 1933

I last saw her alive on Oct 8, 1933 at 6:30 a.m. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Arterial Fibillation Date of onset 9-20-33

Other contributory causes of importance: Chc Myocarditis

Name of operation None Date of None

What test confirmed diagnosis? Findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1933

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) J. B. Carlisle, M. D.

(Address) Sedalia Mo

