

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

Do not use this space.

34052

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 624, W. Pettis) St. _____ Ward _____

File No. 236
Registered No. 668

2. FULL NAME

(a) Residence, No. 624 W. 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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) dont no

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70 x x

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) dont no
(STATE OR COUNTRY) dont no

13. NAME dont no

14. BIRTHPLACE (CITY OR TOWN) dont no
(STATE OR COUNTRY) dont no

15. MAIDEN NAME dont no

16. BIRTHPLACE (CITY OR TOWN) dont no
(STATE OR COUNTRY) dont no

17. INFORMANT Addie Morney
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dresden Mo DATE Oct 5, 1933

19. UNDERTAKER F. B. Ferguson
(ADDRESS) Sedalia

20. FILED 10/15, 1933 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-4- 1933 to 10-4- 1933
I last saw him alive on 10-4- 1933 Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

Acute Arteriosclerosis
94A
91A
Acute Subcarditis

Name of operation not op Date of _____
What test confirmed diagnosis? clues 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? no
If so, specify _____
(Signed) A. R. Maddox, M. D.
(Address) 116 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.

NOV 10 1933

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MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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