

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

Bolding
Do not use this space.
34055

1. PLACE OF DEATH

80 County Missouri Registration District No. 668
Township North Primary Registration District No. 5889
City Sedalia (No. P 7 10 H 2) St. Mo. Ward 2

File No. 240
Registered No. 668

2. FULL NAME

(a) Residence, No. P 7 10 H 2 St. Mo. Ward 2
(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jun 19 1851</u>		
7. AGE <u>82</u>	YEARS <u>80</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>At Home</u>		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) <u>Germany</u>
13. NAME <u>Jake Wesson</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>Not Know</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS) <u>Geo. Kuntz Sedalia Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>10/11</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>Illusion Funeral Home</u>
20. FILED <u>10-10-33</u> <u>Jean Slack</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 33

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th 33 to Oct 11th 33 1933
I last saw her alive on Aug 15th 33 1933 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:
Sclerostitial Nephritis and hypertension Date of onset 50
31
60
Other contributory causes of importance:
Case of high blood pressure

Name of operation None Date of
What test confirmed diagnosis? Urinalysis 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) Boyd Bolding, M. D.
(Address) Sedalia Mo

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

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