

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

Do not use this space.

37452

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. 3032)

File No. 270

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 310628 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 Fe 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Jessie Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8, 1868

7. AGE YEARS 65 MONTHS 7 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Denton (STATE OR COUNTRY) Mo

13. NAME Harri Franklin

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) _____

15. MAIDEN NAME Don't know

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

17. INFORMANT Fred B. Anderson (ADDRESS) 320 E 24th Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE 11/6/33

19. UNDERTAKER Thelma F. Farnham (ADDRESS) Sedalia Mo

20. FILED Nov 6, 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from Nov 1, 1933 to Nov 4, 1933

I last saw him alive on Nov 3, 1933 Death is said

to have occurred on the date stated above, at 12:30 PM

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

Endocarditis
92B
92B
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 related to occupation of deceased? If so, specify _____

(Signed) W. B. Seawright, M. D.

(Address) Sedalia Mo

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.

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

