

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

Do not use this space.

37455

1. PLACE OF DEATH

County Pettis Registration District No. 665
Township Sedalia Primary Registration District No. 3932
City Sedalia (No. 504 E 11) St. Mo Ward

File No. 665
Registered No. 277 St. Ward

2. FULL NAME

(a) Residence, No. 504 E 11 St. Mo 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J M White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 10 16

OCCUPATION 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 Horatio Babb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs W C Turner (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Miss Park DATE 11/12 33

19. UNDERTAKER Willie's Home (ADDRESS) Sedalia Mo

20. FILED 11-12-1933 J M Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 29 to Nov 10 1933

I last saw him alive on Nov 10 1933 Death is said

to have occurred on the date stated above, at 10⁰⁰ A. m.

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

Carcinoma of liver Date of onset 1932
46 E
10 10 12

Other contributory causes of importance: Bronchitis 10-15 yrs

Name of operation none Date of

What test confirmed diagnosis? 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 A L Walter

(Signed) Sedalia Mo, M. D.

(Address)

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.

SECRET

W. B. - Every item of information.