

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.

JAN 26 1934

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

Do not use this space.

39859

1. PLACE OF DEATH

County Henry

Registration District No. 351

Township Deepwater

Primary Registration District No. 4208

City Deepwater (No. 1)

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No. Deepwater Mo Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carle Blanton

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

5-11-1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

7

10

OCCUPATION

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) (STATE OR COUNTRY)

Jackson Co Mo

FATHER

13. NAME

Lewis Sechrest

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

Jackson Co Mo

MOTHER

15. MAIDEN NAME

Elizabeth Grogger

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

Tennessee

17. INFORMANT (ADDRESS)

Mrs W. G. Plummer

18. BURIAL, CREMATION, OR REMOVAL PLACE

Salentine Cemetery 12-23-33

19. UNDERTAKER (ADDRESS)

Fred Williams

20. FILED

1-10

19 01

J. J. Russell Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

12-21-1933

22. I HEREBY CERTIFY, That I attended deceased from

12-20-1933 to 12-21-1933

Last saw him alive on 12-20-1933 Death is said

to have occurred on the date stated above, at 4:20 PM

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

Disease of Valves of Heart  
Hemiplegia

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

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?

If so, specify

(Signed)

(Address)

J. J. Russell  
Deepwater Mo M. D.

