

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.

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

Do not use this space.

40974

File No.

310

Registered No.

668

St.

Ward)

## 1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Primary Registration District No.

3032

City

Sedalia

No.

Sedalia Hosp #2

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Col

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

Widowed

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

Helen Williams

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

about no

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

on Farm

10. Date deceased last worked at this occupation (month and year)

March 1933

11. Total time (years) spent in this occupation

4 1/2

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

Morgan Co Mo

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

Lest Williams  
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sedalia Mo

DATE

Dec 18

1933

19. UNDERTAKER (ADDRESS)

F. D. Ferguson  
Sedalia

20. FILED

12-18-1933

Jean Slack

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Dec 14<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from

Chry 20<sup>th</sup> 1933 to Dec 14<sup>th</sup> 1933I last saw h. alive on Dec 14<sup>th</sup> 1933. Death is said

to have occurred on the date stated above, at 11:30 p.m.

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

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Chronic Syphilitic Nephritis

Name of operation not any Date of

What test confirmed diagnosis? chest x-ray 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?

If so, specify

(Signed)

J. R. Madsen, M. D.

(Address)

116 1/2 W. Main

