

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

Do not use this space.

2130

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 1033)

Registration District No. 668
Primary Registration District No. 3033

File No. 14
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1917 S. Grand
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 6 - 1930

7. AGE YEARS 3 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.
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) _____

13. NAME Loren Woods

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

15. MAIDEN NAME Anna Mosher

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

17. INFORMANT Mrs Anna Woods (ADDRESS) 1917 S. Grand Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Mo DATE Jan 16 34

19. UNDERTAKER Gillespie Farm Home (ADDRESS) Sedalia Mo

20. FILED 1-15, 1934 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934 to Jan 13, 1934.
I last saw him alive on Jan 12, 1934. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Meningitis
83A
84B
79A
84B
Other contributory causes of importance: Middle ear and mastoid cell infection

Name of operation Drain Mastoid Date of operation Jan 13
What test confirmed diagnosis? Symptoms 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) Carl Rohling, 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.

FEB 27 1934

