

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

Do not use this space.

17667

1. PLACE OF DEATH

County Pettis

Registration District No. 3032

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. 601 E Saline)

File No. 185

Registered No. 668

St. Mo. Ward

2. FULL NAME

(a) Residence, No. 601 E Saline St. Ward
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 7 14

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

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

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) Pettis Mo

13. NAME

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

15. MAIDEN NAME Sarah Fisher

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

17. INFORMANT Julian Robinson (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockwell Mo DATE May 11 1934

19. UNDERTAKER J. S. Ferguson (ADDRESS) Sedalia

20. FILED 5-26-1934 Jeann Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-21-1934 to 5-21-1934

I last saw her alive on 5-21-1934. Death is said

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

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

Strangled Umbilical Hernia

Other contributory causes of importance: 12 3/4 1/2 1/2

Name of operation Refused operation Date of

What test confirmed diagnosis Refused 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. Maddox, M. D.

(Address) 116 1/2 W. Main

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.

JUN 25 1934

OCCUPATION

FATHER

MOTHER

OCT 27 1944

RECEIVED
OCT 27 1944