

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

Do not use this space.

*Dr Mosley*  
File No. **17675**  
Registered No. **668**

**1. PLACE OF DEATH**

County *Pettis* Registration District No. *11*  
Township *Sedalia* Primary Registration District No. *5991 8889*  
City (No. *Sedalia R.T.D. #2*) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *Sedalia Route 2* St. \_\_\_\_\_ 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *May 17, 1934*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. *4*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, 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 \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pettis County Missouri*

FATHER 13. NAME *L. S. Parish*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pettis County Missouri*

15. MAIDEN NAME *Lulla Pearl Ingallin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pettis County Missouri*

17. INFORMANT (ADDRESS) *L. S. Parish Sedalia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Andrew's Ch* DATE *May 21 1934*

19. UNDERTAKER (ADDRESS) *Mrs. Ingallin Brad Sedalia Mo*

20. FILED *5-21-34* 19 *34* *Jean Slack* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 21 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 20 1934* to *May 21 1934*  
I last saw him alive on *May 21 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:

*hemorrhage from kidneys, bowels, nose, mouth & eyelids* Date of onset *May 20*  
Starting 3rd day of *life*  
Other contributory causes of importance: *Baby normal at birth and til the 3rd day*

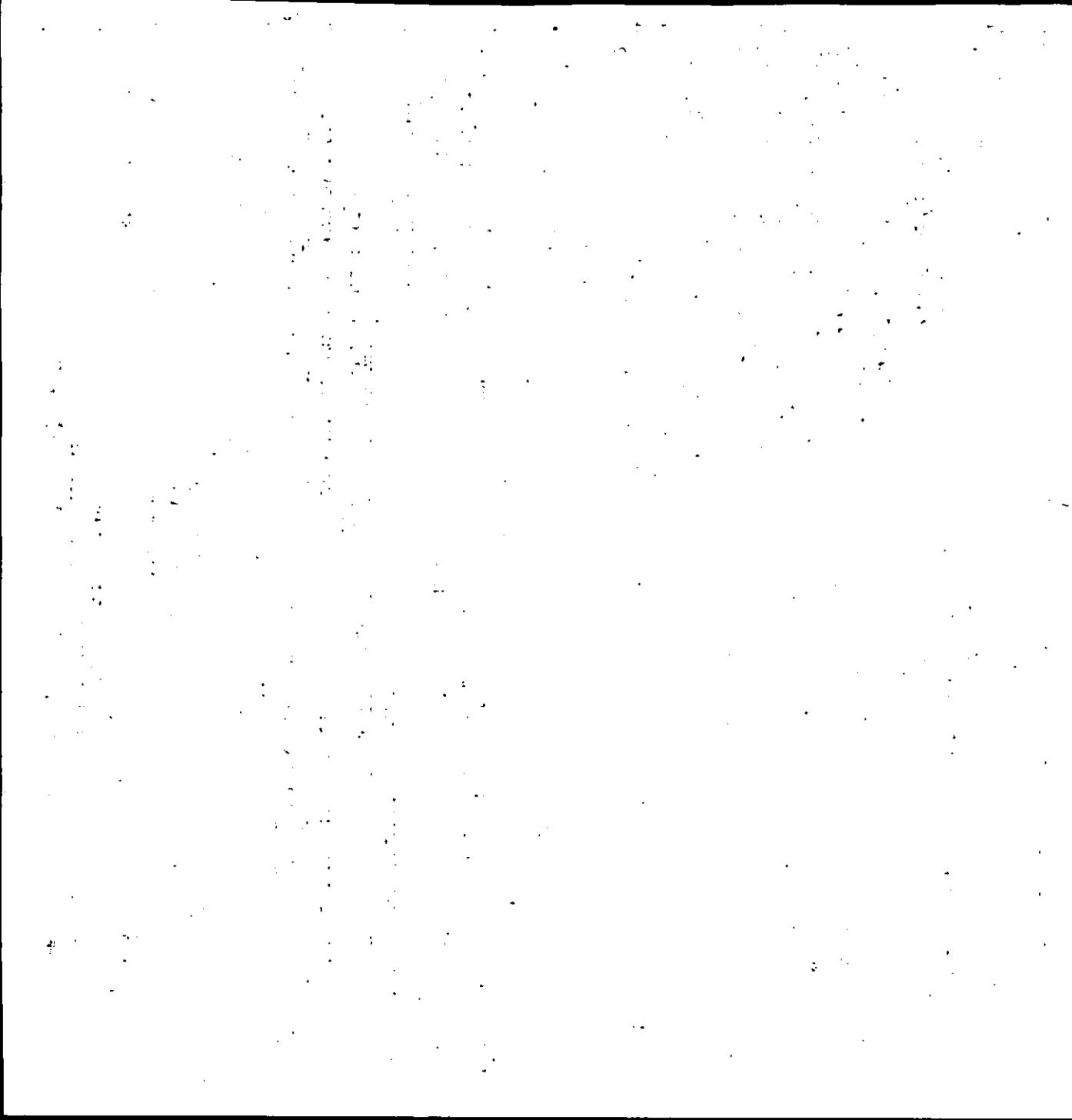
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 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 *Frank R Mosley*, M. D.  
(Signed) *Sedalia Mo*  
(Address) \_\_\_\_\_





S-17675