

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

21434

**1. PLACE OF DEATH**

County Pettis Registration District No. 161  
Township Sedalia Primary Registration District No. 3032  
City Sedalia (No. 1220 S. Ohio) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 204  
Registered No. 668

**2. FULL NAME**

(a) Residence, No. 1220 S. Ohio 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 Y 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Perrin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 11 17

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. House Wife  
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) Missouri

MOTHER FATHER 13. NAME Addison Carthage

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

MOTHER 15. MAIDEN NAME Sydney E. Brown

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

17. INFORMANT (ADDRESS) Thomas Perrin  
Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE June 13 1934

19. UNDERTAKER (ADDRESS) Mrs. Lauglin Bios  
Sedalia

20. FILED 6-13- 1934 Jean Slack  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1934  
22. I HEREBY CERTIFY, That I attended deceased from June 7 1934, to June 10 1934  
I last saw her alive on June 10, 1934. Death is said to have occurred on the date stated above, at 5-15 m.

The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis Date of onset 6/10/34  
Ch. Myocarditis  
Hypertension X  
Art. Scler.

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Pl. Exam Was there an autopsy? Yes

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) W. B. Steiner, M. D.  
(Address) Sedalia

