

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

Do not use this space.

25856

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia Mo

Primary Registration District No. 3032

City Sedalia Mo (No. 705, W. 8-th)

File No. 235-236

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 708 W 5th St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Jno Younger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-18-1891</u>		
7. AGE	YEARS	MONTHS
	<u>92</u>	<u>6</u>
		DAYS
		<u>22</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>
	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) County Waterford Ireland
(STATE OR COUNTRY)

13. NAME Louise Holland

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

15. MAIDEN NAME Mary O'Leary

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

17. INFORMANT (ADDRESS) James Quinn Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Marys DATE 7-14- 1934

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED 7-13- 1934 John Slack Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1934

22. I HEREBY CERTIFY, that I attended deceased from July 8 1934, to July 12 1934.
I last saw her alive on July 8 1934. Death is said to have occurred on the date stated above, at 12:00 in pm.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset 6/1/34

Other contributory causes of importance:
Arteriosclerosis

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? No
If so, specify _____
(Signed) W. B. O'Leary 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.

AUG 8 1934

