

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.

SEP 7 0 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30355

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia (No. 11 Mont)

Registration District No. 668
 Primary Registration District No. 3032

File No. 297
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 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 James R Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1871
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
63 3 6 131

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Maltabon
 (STATE OR COUNTRY) Saline Co. Mo.

13. NAME Albert Williams
 14. BIRTHPLACE (CITY OR TOWN) don't no
 (STATE OR COUNTRY) don't no

15. MAIDEN NAME Adeline Sims
 16. BIRTHPLACE (CITY OR TOWN) don't no
 (STATE OR COUNTRY) don't no

17. INFORMANT James R Wilson
 (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Malta Bend Mo DATE Aug 22 1934

19. UNDERTAKER F B Ferguson
 (ADDRESS) Sedalia

20. FILED 8/22 1934 James Slack
 (Address) 116 1/2 W. Main
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 19 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to 8 - 19 - 1934
 I last saw her alive on 8 - 19 - 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:

Chronic Intestinal Neoplasm
Diagnosis
 Other contributory causes of importance: 131

Name of operation not any Date of _____
 What test confirmed diagnosis? Chemo 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) C. R. Messer, M. D.
 (Address) 116 1/2 W. Main

