

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

Do not use this space.

33583

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____

File No. 314
 Registered No. 668

2. FULL NAME

David Waddie
 (a) Residence, No. 623 N. Lamine 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 <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>X</u>	DAYS <u>X</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm laborer</u>		
10. Date deceased last worked at this occupation (month and year) <u>not known</u>		
11. Total time (years) spent in this occupation _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1935, to 10-9-, 1935
 I last saw h.i.m. alive on 10-9-, 1935. Death is said to have occurred on the date stated above, at 2 1/4 p.m.
 The principal cause of death and related causes of importance were as follows:

930
Acute Myocarditis

Other contributory causes of importance:
Chronic Bronchitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) A. L. Mubbox, M. D.
 (Address) 116 1/2 W. Main

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon Co, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Charance Hodges
 (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sedalia Mo DATE Oct 11, 1935

19. UNDERTAKER F. H. Ferguson
 (ADDRESS) Sedalia

20. FILED 10-11-, 1935 Jean Slack
 Registrar.

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.

