

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.

36942

DEC 21 1935

1. PLACE OF DEATH

County *Pettis*
Township
City *Sedalia* (No. *Bothwell Hospital*)

Registration District No. *668*
Primary Registration District No. *3032*

File No. *346*
Registered No. *668*
St. Ward

2. FULL NAME

(a) Residence No. *2ona mo* St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 17-1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 20

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

13. NAME *Charles W Wright*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ky*

15. MAIDEN NAME *Cathern E Mahon*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

17. INFORMANT *R L Wright* *Louie*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Antioch* DATE *Nov 8* 1935

19. UNDERTAKER (ADDRESS) *E. L. Cickhoff* *Cole Camp mo*

20. FILED *Nov 7* 1935 *Jess Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 7* 1935

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 16* 1935, to *Nov. 7* 1935

I last saw her alive on *Nov. 6* 1935. Death is said

to have occurred on the date stated above, at *2:20 a. m.*

The principal cause of death and related causes of importance were as follows:

acute bacterial pneumonia following acute bronchitis

Date of onset *Nov. 1, 1935*

Other contributory causes of importance: *venous thrombosis with infarction*

Name of operation *none* Date of *none*

What test confirmed diagnosis? *Chrom* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury, 19

Where did injury occur? *ky* (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 *none*

(Signed) *Chas. W. Mahon*, M. D.

(Address) *Sedalia Mo*

