CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 18 1936

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

Do not use this space.

40578

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. , St. Ward)

Registration District No. 618
Primary Registration District No. 3032

File No.
Registered No. 369

2. FULL NAME Mary Gooseberry
(a) Residence, No. 318 E. Pettis 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1874
7. AGE YEARS 61 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
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. Housewife
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) Cooper County Mo

FATHER
13. NAME James Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Liza Lawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Louise Crawley 318 E. Pettis
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia DATE Dec. 8 1936
19. UNDERTAKER (ADDRESS) Price Alexander 400 W. Cooper
20. FILED Dec 6 1935 Karl Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1935, to Dec 4, 1935
I last saw her alive on Dec 4, 1935. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Broncho Bovine Tuberculosis (?) not given as to type
Date of onset
Other contributory causes of importance:
Arthritis
Name of operation
Date of
What test confirmed diagnosis? Clinical only 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? No
If so, specify
(Signed) Chas. Morris, M. D.
(Address) Sedalia Mo