

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

Do not use this space.

40584

JAN 9 1936

1. PLACE OF DEATH

County Kettles
 Township Ledalia
 City Ledalia

Registration District No. 668
 Primary Registration District No. 3032

File No. 369
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 209 E 6th St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Thomas J Bailey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 1861
 7. AGE YEARS 74 MONTHS 4 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 10. Date deceased last worked at this occupation (month and year) March 1 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Ky

MOTHER FATHER
 13. NAME Robt. L. Humphreys

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

15. MAIDEN NAME Sarah Ellen Bitts

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

17. INFORMANT (ADDRESS) Mrs Emma Hunter 209 E 6th

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 12-13-1935

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros Sedalia

20. FILED 12-13-1935 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1933, to Dec. 11, 1935.
 I last saw him alive on Dec 11, 1935. Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Brucella - pneumonia
Chronic infectious nephritis
Chronic suppurative endocarditis
 Other contributory causes of importance:
Broken right hip July 14, 1935
Chronic infectious nephritis
Chronic suppurative endocarditis

Name of operation none Date of operation _____
 What test confirmed diagnosis? Chronic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury July 14, 1935
 Where did injury occur? in kitchen floor
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, at home, or in public place.

Manner of injury Fall
 Nature of injury Broken right hip

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Charles W. Slack, M. D.
 (Address) Sedalia Mo

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.

