

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.

2415

1. PLACE OF DEATH

County Pettis

Registration District No.

Township

Primary Registration District No.

City

Sedalia(No. 900 E 15-2)File No. 12Registered No. 668

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFEdmy Yancey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11/7/1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.68278. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

13. NAME

John G. Downey14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

15. MAIDEN NAME

Nannie Pritchett16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia17. INFORMANT
(ADDRESS)J. C. Hancock
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fayette

DATE

1-16-193619. UNDERTAKER
(ADDRESS)Henry Holley
Fayette

20. FILED

1-15-1936J. C. HancockSedalia Mo

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1935, to Jan 18, 1936I last saw her alive on Jan 14, 1936. Death is saidto have occurred on the date stated above, at 12:30 P. m.

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

Chronic Bronchitis &
Chronic myocarditis

Date of onset

Jan 1

Other contributory causes of importance:

Chronic interstitial nephritisName of operation none Date of noneWhat test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? h Date of injury none, 1936Where 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 hNature of injury h24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Chas. H. H. H.

M. D.

(Address)

Sedalia Mo

