

APR 23 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Long

Do not use this space.

11900

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Sedalia(No. 1002 Merriam)File No. 92Registered No. 668

St.

Ward)

2. FULL NAME

Mary Jo Wilcox(a) Residence, No. 1002 Merriam

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

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)

May 14, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

11014

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.

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.

FATHER

13. NAME Jesse Wilcox

MOTHER

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

Mo.15. MAIDEN NAME Ruth Hohimer

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

Mo.

17. INFORMANT (ADDRESS)

Jesse WilcoxSedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Mar. 29

1936

19. UNDERTAKER (ADDRESS)

Gillespie Funeral HomeSedalia Mo.

20. FILED

3-28-

1936

Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 27/36

19

22. I HEREBY CERTIFY, That I attended deceased from

3/27, 1936 to 3/27, 1936I last saw him alive on Mar. 27/36, 1936 Death is saidto have occurred on the date stated above, at 4:30 PM

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

Brucella pneumonia

Date of onset

3/24/36

Other contributory causes of importance:

Myocarditis

Name of operation

pericardiectomy

Date of

What test confirmed diagnosis

Culture

Date of

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

Accident, suicide, or homicide?

Date of injury

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)

W. B. Long, M. D.

(Address)

Sedalia, Mo.

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.

