

APR 13 1936

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

Do not use this space.

11902

7897

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township _____

Primary Registration District No. 2032City Sedalia (No. 920 St. Mass.)

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 920 S. Mass. 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 male 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) Aug 5, 19357. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 24

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) Sedalia, Mo.13. NAME Vernon Ivan Elkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.15. MAIDEN NAME Mildred Hogan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.17. INFORMANT Vernon Ivan Elkins (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 3/30 193619. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia, Mo.20. FILED 3/31/36 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 193622. I HEREBY CERTIFY, That I attended deceased from the body, 19____, to Mar 29, 1936

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Broncho Pneumonia Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) E. J. Swovely, 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.

