

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.

MAY 25 1936

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

Do not use this space.

16332

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 229 S. Stewart

City Sedalia (No. 229 S. Stewart)

File No. 49121

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 229 S. Stewart 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. 7 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Lawrence Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22nd 1845

7. AGE YEARS 80 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Boonville Mo.

13. NAME Thos Beates

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

15. MAIDEN NAME Mary Keck

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

17. INFORMANT Mrs R R Pheltok (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton City DATE 4-18-1936

19. UNDERTAKER McLoughlin Bros (ADDRESS) Sedalia

20. FILED 4-18-1936 Jessie Sheer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16-1936

22. I HEREBY CERTIFY, That I attended deceased from April 15th 1936 to April 16 1936

I first saw him alive on April 16 1936 Death is said

to have occurred on the date stated above, at 10:30 am

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

Cerebral hemorrhage 4/16/36

arteriosclerosis

stroke

Other contributory causes of importance:

arteriosclerosis

Name of operation None Date of 4/16/36

What test confirmed diagnosis Physical Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury None 1936

Where and injury occurred No injury

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place.

Manner of injury No injury

Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Cerebral hemorrhage

(Signed) Shelton, Mo. M. D.

(Address) Sedalia, Mo.

