

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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**

AUG 27 1936

Do not use this space.

27559
209

1. PLACE OF DEATH

County Pettis Registration District No. 448

Township Sedalia Primary Registration District No. 3032

City Sedalia (No. 26 + Jeff)

File No. 209
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 26 + Jeff 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 F 4. COLOR OR RACE W 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) March 5 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 4 0

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 _____

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

13. NAME Arthur Spuy

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

15. MAIDEN NAME Burdie Spuy

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

17. INFORMANT (ADDRESS) Mrs Burdie Spuy

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE July 6 36

19. UNDERTAKER (ADDRESS) M. Langley Bros

20. FILED July 6 1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1936

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936, to July 5, 1936. I last saw h.c. alive on July 5, 1936. Death is said to have occurred on the date stated above, at 3 P.M.

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

Cholera Infantum Date of onset _____

119a

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) R. E. Sweeney M. D.
(Address) _____

MEMORANDUM

TO : SAC, [illegible]

FROM : [illegible]

SUBJECT: [illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]