

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

McNe11

Do not use this space.

27568

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 908 S., Osage)

Registration District No. 668
Primary Registration District No. 3232

File No. 229
Registered No. 2668
St. Osage Ward

2. FULL NAME

(a) Residence, No. 908 S., Osage
(Usual place of abode)

St. Osage Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Armstrong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3, 1852</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>15</u>
IF LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Bates City</u> <u>Missouri</u>
---	--------------------------------------

FATHER	13. NAME	<u>James Waller</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kentucky</u>

MOTHER	15. MAIDEN NAME	<u>Fannie Chancelor</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Kentucky</u>

17. INFORMANT (ADDRESS)	<u>Mrs. Ira T. Bronson</u> <u>Sedalia, Mo.</u>
----------------------------	---

18. BURIAL, CREMATION, OR REMOVAL	<u>Crown Hill</u>
-----------------------------------	-------------------

19. UNDERTAKER (ADDRESS)	<u>Gillespie Funeral Home</u> <u>Sedalia, Mo.</u>
-----------------------------	--

20. FILED	<u>7-20-1936</u>
-----------	------------------

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18 1936 to July 18 1936
I last saw her alive on July 18 1936 Death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Stroke
Date of onset July 17/1936

Other contributory causes of importance:
arteriosclerosis
as was
seen

Name of operation none Date of none
What test confirmed diagnosis? Chloro Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? h Date of injury July 18 1936
Where did injury occur? h
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury h
Nature of injury h

24. Was disease or injury in any way related to occupation of deceased? h
If so, specify h
(Signed) Chas. M. Smith, M. D.
(Address) Sedalia, Mo.

