

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

Do not use this space.

SEP 28 1936

31936

1. PLACE OF DEATH

County Crittis
Township Sedalia
City Sedalia

Registration District No. 668
Primary Registration District No. 873 E 4-2

File No. 244
Registered No. 668
St. St. Ward Ward

2. FULL NAME

(a) Residence, No. 873 E 4 St. St. Ward Ward

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. 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 Louis Barlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 - 1854

7. AGE YEARS 82 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Farmington (STATE OR COUNTRY) Mo.

13. NAME William Hulleston

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

15. MAIDEN NAME Howard

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

17. INFORMANT Paul Mays (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Osage Mo. DATE 8-14 1936

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia

20. FILED 8-12-1936 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from JUNE 20, 1936 to AUGUST 12, 1936

I last saw him alive on AUGUST 12, 1936. Death is said to have occurred on the date stated above, at 12:00 m.

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

CHRONIC MYOCARDITIS AND DECOMPENSATION

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Other contributory causes of importance: HEAT EXHAUSTION

Name of operation NO Date of NO

What test confirmed diagnosis? NO 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 NO, 19 NO

Where did injury occur? NO (Specify city or town, county, and State)

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

Manner of injury NO

Nature of injury NO

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

If so, specify NO

(Signed) C. Gordon Stauffer M. D.

(Address) Sedalia, Missouri

