

OCT 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35197

1. PLACE OF DEATH

County

Pettis

Registration District No.

165

Township

Sedalia

Primary Registration District No.

3032

City

(No. 906 S. Ky)

File No.

267

Registered No.

665

St.

Ward

2. FULL NAME

Dora Werner

(a) Residence, No.

906 S. Ky

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

✓

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Philip Werner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 27-1851

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

85

0

8

OCCUPATION

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)

Germany

FATHER

13. NAME

Wm. Wellhener

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

Germany

MOTHER

15. MAIDEN NAME

Dora

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

17. INFORMANT (ADDRESS)

Mrs. Louise McTeaff Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hall

DATE 9-7-1936

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia Mo

20. FILED

9-8-1936

Jesse Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 5

1936

22. I HEREBY CERTIFY, That attended deceased from

Aug. 31, 1936, to Sept. 5, 1936

I last saw her alive on Sept. 5, 1936 Death is said

to have occurred on the date stated above, at 1:03 P.M.

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

Cerebral Haemorrhage (hypertension)

Date of onset

Aug 31, 1936

Other contributory causes of importance:

arteriosclerosis chronic nephritis

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

Where did injury occur? 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)

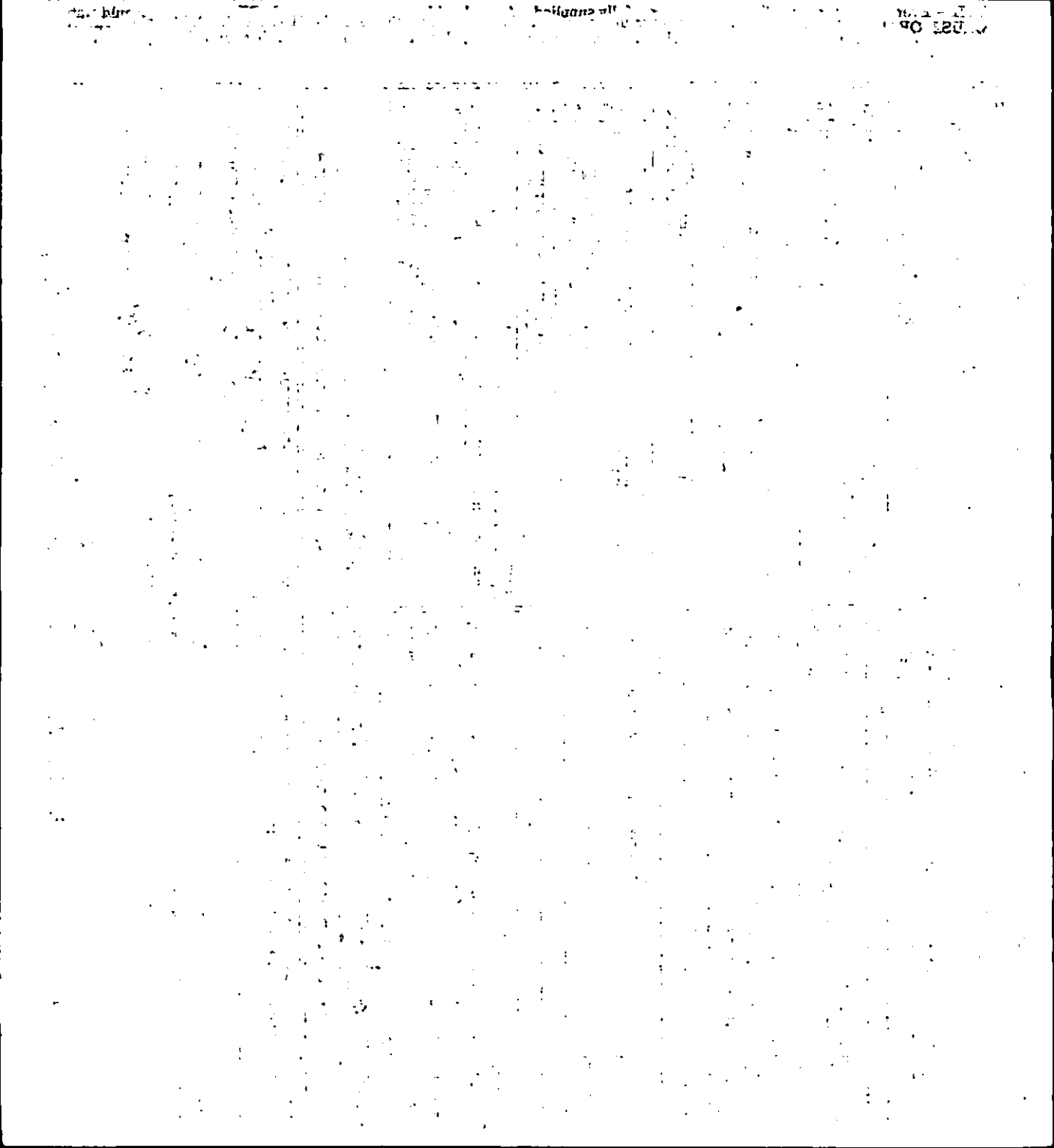
Chas. H. King

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.



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

Do not use this space.

1. PLACE OF DEATH

County Crittis

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia

(No. , St. , Ward)

File No.

Registered No. 267

St. Ward)

2. FULL NAME

Dora Werner

(a) Residence, No. 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

73. SEX Male 74. COLOR OR RACE White 75. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than day, mo. or yr.
	<u>85</u>	<u>0</u>	<u>8</u>	

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 9-8 1931 Jeann Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

Last saw him 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:

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)....., M. D.

(Address).....

5-35197