

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.

UCT 21 1936

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

Do not use this space.

35203

File No. 273
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME Margaret Williams

(a) Residence, No. 519 N. Osage St. _____ Ward _____
(Usual place of abode)

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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 7 10

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) Pilot Grove Mo.

13. NAME John Evans

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

15. MAIDEN NAME Bessie Pettis

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

17. INFORMANT (ADDRESS) Mrs. Bessie Evans
519 N. Osage

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE Sept 16 1936

19. UNDERTAKER (ADDRESS) Drice A. Alexander
400 W. Cooper St.

20. FILED Sept 14, 1936 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1936

22. I HEREBY CERTIFY, That I attended deceased from July 10th 1936, to September 12, 1936
I last saw him alive on Sept 12th, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Acute Nephritis

Other contributory causes of importance:

Trauma of left arm (Inflammation)

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no

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? Sedalia Mo. (Specify city or town, county, and State)

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

Manner of injury knocked down by car
Nature of injury more wound of arm which became infected

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. P. Maddox, M. D.

(Address) 116 1/2 W. Union

