

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

*Drawn*  
Do not use this space.

## 1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Sedalia(No. 410 East 4th.)File No. 42116  
320Registered No. 668

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Georgia Ella Nelson(a) Residence, No. 410 East 4th.

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFDouglas6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.66825

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 \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) Grand Pass  
(STATE OR COUNTRY) Mo.

13. NAME

David Smith14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)DK

15. MAIDEN NAME

DK16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)DK17. INFORMANT Mrs. Thomas Meredith  
(ADDRESS) Dayton, Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Mem. ParkDATE Nov. 4, 193619. UNDERTAKER Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.20. FILED 11-4-3611-4-3611-4-3611-4-3611-4-36

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from

Oct 25, 1936, to Nov 1, 1936I last saw her alive on Nov 1, 1936 Death is saidto have occurred on the date stated above, at 3 P. m.

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

Pellussary Date of onset \_\_\_\_\_Tuberculosis

Other contributory causes of importance

Pellussary  
Hauvorage

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) O. S. Searles

M. D.

(Address) Sedalia Mo.

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