

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.

JAN 22 1937

45738

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. Bathwell Hosp)
 St. _____ Ward _____

2. FULL NAME Harry F Cone
 (a) Residence, No. 1710 S. Brown St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 354
 Registered No. 668

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>	<u>2</u>	<u>26</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) Mass

13. NAME O. V. Cone

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

15. MAIDEN NAME Catherine Wright

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE 12-6-36

19. UNDERTAKER The Daughlin Bros (ADDRESS) Sedalia

20. FILED Dec 6 1936 Fraunfack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936, to Dec. 4, 1936
 I last saw h. alive on Dec. 4, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
59
 Other contributory causes of importance: renal arteriosclerosis Duplex, uremia, arterio sclerosis
 Name of operation Hemolysis Date of Dec. 1, 1936
 What test confirmed diagnosis? Chrom Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? h 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? h
 If so, specify _____
 (Signed) Chas. C. ... M. D.
 (Address) ...

Date of onset
12-4-36
h

11/15/40