

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.

47801 59
File No. 6658
Registered No. 665
St. _____ Ward _____

MAR 24 1936

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. 200)

Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME

(a) Residence, No. Sedalia Mo. 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 <u>F</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>X</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24 1926</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Still Born</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>
	10. Date deceased last worked at this occupation (month and year) <u>X</u>
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Pettis Co. Mo.

13. NAME Henry White
14. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky.

15. MAIDEN NAME Elizabeth Christain
16. BIRTHPLACE (CITY OR TOWN) Barstow
(STATE OR COUNTRY) Ind.

17. INFORMANT Henry White
(ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo. DATE Feb 24 1936

19. UNDERTAKER F. W. Ferguson
(ADDRESS) Sedalia

20. FILED 1-25 1936 J. E. Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 1936 Death is said to have occurred on the date stated above, at 29 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Still Born

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
(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) Chas. M. Mudd M. D.
(Address) 116 1/2 West Main

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