

APR 23 1937

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

Monroe
Do not use this space.

12946

80

1. PLACE OF DEATH

County PettisRegistration District No. 668

Towship

Primary Registration District No. 3032City Sedalia(No. 616 East 10th)

File No.

Registered No.

St.

Ward

2. FULL NAME

Frances Laney Wilcox616 East 10th.(a) Residence, No.
(Usual place of abode)

St.

Ward.

(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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (use the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFLeRoy Wilcox6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1881

7. AGE

55

YEARS

MONTHS

11

DAYS

29If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

13. NAME

John P. Laney14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

15. MAIDEN NAME

Alice Anderson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

17. INFORMANT

(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE Mar. 16, 1937

19. UNDERTAKER

(ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED

Mar 16 1937Jean Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from

Feb - 2, 1937, to Mar 13, 1937I last saw h. alive on Mar 13, 1937 Death is saidto have occurred on the date stated above, at 6:30 P.m.

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

Date of onset

2-13-36

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no23. 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? no

If so, specify

(Signed)

Alfred E. Johnson, M. D.

(Address)

111 W 4 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.

