

APR 23 1937

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

Do not use this space.

12954

1. PLACE OF DEATH

County PettisRegistration District No. 668File No. 89Township SedaliaPrimary Registration District No. 3232Registered No. 668City Sedalia (No. Bathwell)St. Mo. WardSt. Mo. Ward

2. FULL NAME

(a) Residence, No. Smithton St. Mo. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Monsees6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11-18907. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 47 1 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Smithton Pettis Co Missouri13. NAME Geo Demand14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton Pettis Co Missouri15. MAIDEN NAME Emelia Monsees16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton Pettis Co Missouri17. INFORMANT (ADDRESS) Joe Monsees Smithton18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo DATE 3-19-3719. UNDERTAKER (ADDRESS) C. T. Hammer Smithton Mo20. FILED 3-19-37 1937 John Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 193722. I HEREBY CERTIFY, That I attended deceased from March 10 1937, to March 15 1937I last saw h. 21 alive on March 15 1937. Death is said to have occurred on the date stated above, at 12:20 p.m.

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

Empyema, right Date of onset B-1-37
abscess of right lung 3-1-37Other contributory causes of importance: 108
Pneumonia lobar 11-20-36Name of operation Phorectomy Date of 3-13-37What test confirmed diagnosis? X-ray, etc. 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 no(Signed) Charles DeBowen, M. D.(Address) 411 Lake Blvd, Sedalia, Mo

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.

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. , St. Ward)

Registration District No. 668
Primary Registration District No. 3032

File No. 12954
Registered No.

2. FULL NAME

Blanche Diamond Mouses

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-1937

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

22. I HEREBY CERTIFY, That I attended deceased from

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

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 47 1 4

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

Date of onset

Other contributory causes of importance:
pneumonia
lobar

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME

Where did injury occur?..... (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

20. FILED 3-19 1937 Jew Slack Registrar

(Signed) Clive D Osborn, M. D.

(Address) Sedalia Mo

SUPPLEMENTARY

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-12954