APR 23 1937

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

Do not use this space.

12972

File No. 108

Registered No. 668

1. PLACE OF DEATH

County Pettis Registration District No. 668

Township Primary Registration District No. 3032

City Sedalia (No. 420 East 3rd. St. Ward)

2. FULL NAME Nannie Amelia Walterscheidt

(a) Residence, No. 420 East 3rd. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	11	28	

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) (STATE OR COUNTRY) Mo.

FATHER

13. NAME William York

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

MOTHER

15. MAIDEN NAME Millie Apperson

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

17. INFORMANT Sallie York
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE April 1, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Mar 31 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1937, to March 29, 1937
I last saw her alive on Mar 29, 1937. Death is said to have occurred on the date stated above, at P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	

Other contributory causes of importance:

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? No
If so, specify

(Signed) W. T. Bishop, M. D.
(Address) Sedalia

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD