

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

MAY 31 1937

17214

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Sedalia (No. 1709 S. Grand) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 115  
Registered No. 668

2. FULL NAME Mary Everett Runsick  
(a) Residence, No. 1709 S. Grand 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
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 Henry

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1856

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937, to April 9th, 1937  
I last saw her alive on April 7, 1937 Death is said to have occurred on the date stated above, at 9:00 m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 0 15

Pyelitis chronic Date of onset \_\_\_\_\_

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

Other contributory causes of importance:  
arteriosclerosis  
hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? laboratory Was there an autopsy? No

13. NAME Jones

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.

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

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

15. MAIDEN NAME Mary Hobbs

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

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

(Signed) Boyd Popling M. D.  
(Address) Sedalia, Mo.

17. INFORMANT Harry Everett,  
(ADDRESS) Otterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL MO.  
PLACE Otterville, Mo DATE April 11, 1937

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

20. FILED 4-10-1937 Jean Slack  
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

