

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

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

McNeil

Do not use this space.

17223

MAY 31 1937

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3232
City Sedalia (No. 2041 E. 7th) St. _____ Ward _____

File No. 127
Registered No. 648

2. FULL NAME Frances Hite
(a) Residence, No. 2041 E. 7th 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 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 E. L. Hite				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1885				
7. AGE YEARS 52	MONTHS 0	DAYS 3	If LESS than 1 day, _____ hrs. or _____ min.	
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) Missouri				
FATHER	13. NAME Joseph Connell			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia			
MOTHER	15. MAIDEN NAME Elizabeth Smith			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Mr. E. L. Hite (ADDRESS) Sedalia, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE New Lebanon Mo. DATE April 19, 1937				
19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.				
20. FILED 4-19-1937 Jean Slack Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 17, 1937**

22. I HEREBY CERTIFY That I attended deceased from April 20, 1936, to April 17, 1937
I last saw her alive on April 1, 1937 Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:
Seborrheic Eruptive Dermatitis Date of onset April 1937

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? Chloroform 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? No
If so, specify _____
(Signed) Chas. M. ..., M. D.
(Address) Sedalia Mo.

