

MAY 31 1937

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

Do not use this space.

17247

1. PLACE OF DEATH

County Pettis Registration District No. 664  
Township Flat Creek Primary Registration District No. 5891  
City Sedalia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 126  
Registered No. 668

2. FULL NAME Eliza B. Welliver

(a) Residence, No. Route 2 Sedalia 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-15-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 6 26

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. House Wife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER 13. NAME J.A. Blacklock

14. BIRTHPLACE (CITY OR TOWN) Green burough (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Sarah Thomas

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

17. INFORMANT Laura Ellis (ADDRESS) 1 311 East 6th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Apr 16 1937  
Cometary

19. UNDERTAKER Duane Ewing (ADDRESS) 117 West Seventh Sedalia Mo

20. FILED 4-17 1937 John B. Coelias Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to April 16 1937  
I last saw her alive on April 15 1937. Death is said to have occurred on the date stated above, at 6 A.M.

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

Probable malignancy of sigmoid  
Stenosis  
Date of onset ?

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? funduscopy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

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

(Signed) John B. Coelias M.D. M. D.  
(Address) 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.

