

JUL 31 1937

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

Do not use this space.

24552

190

188

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

No. Bothwell Hosp

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No. 323 E. Chestnut St.

(Usual place of abode)

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, 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) Sedalia (STATE OR COUNTRY) Missouri

FATHER 13. NAME J. H. Wells

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

MOTHER 15. MAIDEN NAME Bessie Burns

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

17. INFORMANT (ADDRESS) J. H. Wells Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE June 20 1937

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED June 19 1937 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4 - 1937 to 6 - 17, 1937. I last saw him alive on June 17 - 1937. Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Acute Endo Carditis

Other contributory causes of importance:

Infected Thrombus
Streptococcus

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?

If so, specify

(Signed) E. C. Sawyer, M. D.

(Address) Sedalia

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