

JUL 31 1937

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

Do not use this space.

24560

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No. 198
Registered No. 668
St. Ward

2. FULL NAME

(a) Residence, No. 1111 E. 13th 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 Male 4. COLOR OR RACE White 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) March 14, 1906

7. AGE YEARS 31 MONTHS 3 DAYS 14 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Laborer
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) Leasue Mo.13. NAME Leech White14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leasue Mo.15. MAIDEN NAME Lee Shaw16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leasue Mo.17. INFORMANT (ADDRESS) Betha White Sedalia18. BURIAL, CREMATION, OR REMOVAL PLACE Leasue DATE 6/2819. UNDERTAKER (ADDRESS) Wm. E. Brown20. FILED 6-28-1937 John L. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27 1937 to June 27 1937
Last saw him alive on June 27 1937 Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

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 ✓ 1937
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? noIf so, specify ✓

(Signed) John L. ... M. D.
(Address) Sedalia Mo

Dr. White

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.

312 1/2 J. Ohio