

AUG 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Beckemeyer

Do not use this space.

28051

1. PLACE OF DEATH

County Pettis

Township

City Sedalia

(No.

Registration District No. 665Primary Registration District No. 3032

2912 East 12th.

File No.

Registered No. 668

Ward

2. FULL NAME Mary C. Wood.(a) Residence, No. 2912 East 12th.

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFG.W. Wood6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.72717

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

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

13. NAME

Henry Lauer

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Susan Hansbrough

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

17. INFORMANT

Richard E. Wood

(ADDRESS)

Sedalia, Mo. 2912 E. 12th.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Longwood Mo.DATE July, 11, 1937

19. UNDERTAKER

(ADDRESS)

Gillespie Funeral HomeSedalia, Mo.

20. FILED

7-11-

1937

Handlacker

Registrar

MEDICAL CERTIFICATE OF DEATH

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

19

22. I HEREBY CERTIFY, That I attended deceased from

May 30, 1937, to July 9, 1937I last saw him alive on July 7, 1937 Death is saidto have occurred on the date stated above, at 1:30 P.M.

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

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

ArteriosclerosisName of operation None

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No23. 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) W. Beckemeyer, 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.

