

OCT 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34972

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia(No. Bothwell Hosp)File No. 259Registered No. 668

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Sedalia

St. _____

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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Do not know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

alt 55

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)

Do not know

13. NAME

Do not know

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

Do not know

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT

(ADDRESS)

Hosp RecordSedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

Sept 11- 1937

19. UNDERTAKER

(ADDRESS)

McLaughlin BrosSedalia

20. FILED

9-11- 37Jean Slack

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 11 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 5- 1937 Sept 11 1937I last saw him alive on Sept 11 1937 Death is saidto have occurred on the date stated above, at 3 a m.

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

Date of onset

Permeable pneumonia

Other contributory causes of importance

Exposure +
Asymptomatic

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? no

If so, specify _____

(Signed)

(Address)

J. B. Mitchell
Sedalia, Mo.

, M. D.

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.

