

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

Do not use this space.

3737

File No. _____
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Prairie Primary Registration District No. 5890
City Sedalia (No. RFD # 3)

2. FULL NAME Margareta Canfield 514
(a) Residence, No. RFD # 3 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1938, 1938

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

22. HEREBY CERTIFY, That I attended deceased from at birth = 18, 1938, to 1 = 19 = _____, 1938
I last saw her alive on 1 = 18, 1938. Death is said to have occurred on the date stated above, at 1 A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1938

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

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

Quantities from long hard labor Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 13. NAME Marion Canfield

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

15. MAIDEN NAME Myrtle Ellis

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Marion Canfield
(ADDRESS) Sedalia, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Climax Springs, Mo. DATE Jan. 19, 1938

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

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

(Signed) W. J. Beshoff, M. D.
(Address) Sedalia, Mo.

20. FILED Jan 19 1938 Stan Black Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH