

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

Do not use this space.

7756

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia (No. 13th St. & Highway)

Registration District No. 668
 Primary Registration District No. 2032

File No. _____
 Registered No. 69 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Greenidge Road 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Her Own Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Sept 1901

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

13. NAME William Wells

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

15. MAIDEN NAME Mary Stevens

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

17. INFORMANT George Wells, Her Bro (ADDRESS) Green Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Point DATE Feb 16 1939

19. UNDERTAKER W. R. Shelley (ADDRESS) Green Ridge Mo

20. FILED 2-19 1939 John Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1939, to Feb 14 1939

I last saw h.w. alive on Feb 19 1938. Death is said

to have occurred on the date stated above, at 12:25 a.m.

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

Septic peritonitis
caused by
ruptured appendix

Date of onset

Other contributory causes of importance: 121
endocarditis

Name of operation appendectomy Date of Feb 8-9
 What test confirmed diagnosis? _____ Was there an autopsy? no

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 not related
 (Signed) M. P. Shaw 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.

