Morley

REC'D APR 22 1938

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

Do not use this space.

11734

1. PLACE OF DEATH

80 County Pettis — 2 Registration District No. 668 — File No. ~~86~~ 83

4 Township — Primary Registration District No. 3232 — Registered No. 668

4 City Sedalia (No. 820 West Broadway St. Ward)

2. FULL NAME Frances Raymond 553

(a) Residence, No. 820 West Bway. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
88	2	28	

OCCUPATION

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) Mo. 0

FATHER

13. NAME J.T.Meyers 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER

15. MAIDEN NAME Susan Cayton

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

17. INFORMANT (ADDRESS) Mrs. W. O. Stanley 820 West Bway. Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Mar. 9, 1938, 19

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

20. FILED 3-9-, 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937, to March 7, 1938

I last saw h. alive on March 6, 1937 Death is said to have occurred on the date stated above, at 12:15 PM

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

Pernicious 118.0
Vomiting
Inability to take food

Date of onset

Other contributory causes of importance:

Fracture of right hip May 30 1937

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?

If so, specify

(Signed) Frank R Morley M. D.

(Address) Sedalia Mo

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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.