

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

Boyer.  
Do not use this space.

26170

REC'D AUG 26 1938

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No. 403W20) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 214  
 Registered No. 668 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 403W20 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 191936 to July 11 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1868

I last saw him alive on July 10 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS 69 MONTHS 9 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Septic infection of abdominal wall, perforation, peritonitis Date of onset 7/9/38

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Prostatic Hypertrophy & Rupture of Bladder

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

13. NAME Samuel Dick

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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

15. MAIDEN NAME Lydia Rank

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

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 Reley Dick (ADDRESS) Sedalia

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE July 13 1938

19. UNDERTAKER M<sup>rs</sup> Saughlin Bros (ADDRESS) \_\_\_\_\_

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

20. FILED 7-12-38 Jean Shook Registrar.

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

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.

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