

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

REC'D AUG 26 1938

26175

1. PLACE OF DEATH

County..... Pettis

Registration District No. 668

Township.....

Primary Registration District No. 3032

City..... Sedalia

(No. 1101 East 11th.

St. Ward)

2. FULL NAME

Sadie E. Wilson

(a) Residence, No. 1101 East 11th.

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

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

J.E. Wilson

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

Nov. 13, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

70

8

7

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)

Ind.

FATHER

13. NAME

John Wooldridge

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

Ky.

MOTHER

15. MAIDEN NAME

Mary Duncan

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

Ind.

17. INFORMANT (ADDRESS)

J.E. Wilson

Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mem. Park

DATE July 22, 1938

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home

Sedalia, Mo.

20. FILED

7-22-

19 38

John Wooldridge
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from

January 1, 1936, to July 20, 1938

I last saw her alive on July 20, 1938. Death is said

to have occurred on the date stated above, at 9 P. m.

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

Permeable Arteriosclerosis

Date of onset 2/1/36

Other contributory causes of importance:

Name of operation none

Date of none

What test confirmed diagnosis? Chlorine 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? at home

(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)

Chas. J. Wilson

, M. D.

(Address)

Sedalia, Mo.

THE HISTORY OF THE

REPUBLIC OF THE UNITED STATES

OF AMERICA

THE HISTORY OF THE
REPUBLIC OF THE UNITED STATES
OF AMERICA
FROM THE FIRST SETTLEMENTS
TO THE PRESENT TIME
BY
JAMES OSGOOD
AUTHOR OF "THE HISTORY OF THE UNITED STATES OF AMERICA"
AND "THE HISTORY OF THE UNITED STATES OF AMERICA"
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