

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

Do not use this space.

REC'D AUG 26 1938

26185

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia No. 1 St. Ward

Registration District No. 668
 Primary Registration District No. 3082

File No. 229 230
 Registered No. 668

2. FULL NAME

(a) Residence, No. 400 Wilkerson St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vivian Mc Blue
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 8 | 6 | | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Jenn | 1

MOTHER FATHER
 13. NAME Wm S Mc Blue | 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn | 1

MOTHER
 15. MAIDEN NAME Hauith Allen

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

17. INFORMANT Mrs G N Rothermel
 (ADDRESS) 4114 Manchester St St Louis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Yonville Tenn DATE 19

19. UNDERTAKER McLaughlin Bros Fun Co
 (ADDRESS) Sedalia Mo

20. FILED 7-28-1938 Frank Slack
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 19 38

22. I HEREBY CERTIFY That I attended deceased from July 20 19 38, to July 27 19 38
 I last saw h. alive on July 27 19 38 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Coronary Emboli

Date of onset

Sudden

Other contributory causes of importance:

bradycardia acute infarct
hypertension
alcoholic addict

7-16-38

Name of operation Date of

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (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

(Signed) Alfred E. Mowser, M. D.

(Address) 111 W 4 Sedalia 7210

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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.

