

REC'D NOV 17 1938

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

Beckmeyer

Do not use this space.

36489

288

1. PLACE OF DEATH

County Pettis Registration District No. 655
Township _____ Primary Registration District No. 3032
City Sedalia (No. 825 West 6th. St. _____ Ward _____)

2. FULL NAME 235 Ida L. McDaniel

(a) Residence, No. 825 West 6th. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ C. McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 14

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

13. NAME G. A. Cole

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

15. MAIDEN NAME Hannah S. Williams

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

17. INFORMANT Mrs. Arthur Hoffman
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Oct. 11, 1938

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

20. FILED Oct 11 1938 Jim Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to Oct 10, 1938
I last saw her alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 4 a. m.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation none 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? no
If so, specify _____
(Signed) W. G. Beckmeyer, 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.

RECEIVED
District Health Officer No. 8,
District File Number 11/8/38
Date Filed