

REC'D APR 20 1939

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

Do not use this space.

11847

## 1. PLACE OF DEATH

County Pettis

Township

City Sedalia

(No. \_\_\_\_\_)

Registration District No. 668Primary Registration District No. 3032

Bothwell Hospital

File No. \_\_\_\_\_

Registered No. 93

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME 320 Walter Smith Motz(a) Residence, No. 1314 East 10th. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Motz6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>10</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

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) Herndon Mo.13. NAME Franklin Motz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S.C.15. MAIDEN NAME Isadora Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs. W. S. Motz  
(ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE March 8, 193919. UNDERTAKER Gillespie Funeral Home 906  
(ADDRESS) Sedalia, Mo.20. FILED 3-8-39 Mrs. Harry Sneed  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 193922. I HEREBY CERTIFY, That I attended deceased from 3-6, 1939, to 3-7, 1939I last saw him alive on 3/6, 1939 Death is saidto have occurred on the date stated above, at 1 a.m.

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

Edema of lungs

Date of onset

3/5/39

Other contributory causes of importance:

Myocarditis chronic 1930

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) W. S. Motz, 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.

RECORD WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

RECEIVED  
District Health Officer No: 8,  
District File Number  
Date Filed

9/20/39