

REC'D APR 20 1939

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

Do not use this space.

11854

1. PLACE OF DEATH

County PettisRegistration District No. 668Township 656Primary Registration District No. 3039City Sedalia(No. 1)File No. 87Registered No. 87St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 212 E. Morgan 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

F

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWilliam Warner

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

79UnknownUnknown

OCCUPATION

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

Housewife

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

Self

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)Mo.

FATHER

13. NAME

Unknown

MOTHER

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

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Tillman Simpson
Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nelson Mo. DATE Mar 5 193919. UNDERTAKER
(ADDRESS)F. W. Ferguson 906
Sedalia

20. FILED

5-4-

1939 Mrs. Harry S. Wood

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 - 1939

22. I HEREBY CERTIFY, That I attended deceased from

Feb 27 - 1939 to March 2 - 1939I last saw her alive on March 2 - 1939. Death is saidto have occurred on the date stated above, at 6:30 p.m.

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

Date of onset

Cardiac Asthma

Other contributory causes of importance:

Acute MyocarditisName of operation Chloroform Date of Mar 2What test confirmed diagnosis Chloroform Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19Where 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?

If so, specify

(Signed) A. R. M. L. D. O. X. M. D.(Address) 116 E. W. Main

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
Date Filed 4/16/39