

REC'D APR 20 1939

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

Do not use this space.

11877

1. PLACE OF DEATH

80 County Pettis
4 Township Sedalia
4 City Sedalia (No. 534)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 117
St. _____ Ward _____

2. FUEL NAME

(a) Residence, No. Sedalia Mo 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 M 4. COLOR OR RACE Sal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sandy Young
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March
7. AGE YEARS about 73 MONTHS unknown DAYS unknown If LESS than 1 day, hrs. or min.

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. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Pettis Co. Mo

13. NAME George Smith

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

15. MAIDEN NAME unknown

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

17. INFORMANT Betty Shoemaker (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE April 3 1939

19. UNDERTAKER J. P. G. Ferguson (ADDRESS) 117 E. Jefferson Sedalia Mo

20. FILED 4-1 1939 Mrs. Harry Snell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29 19 39

22. I HEREBY CERTIFY, That I attended deceased from 3/1 19 39 to 3/29 19 39
I last saw him alive on 3/29 19 39 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:

Stroke Paralysis Date of onset _____

Other contributory causes of importance: g2H1

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) J. P. G. Ferguson, 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

Date Filed