

APR 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township
City Sedalia (No. 1218 E. 12 E)

Registration District No. 668
Primary Registration District No. 3032

File No. 11878
Registered No. 118
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1218 E 12 E St., _____ Ward.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathrine Mein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 11 12

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

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

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri

13. NAME Mein

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

15. MAIDEN NAME Metta Macwald

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

17. INFORMANT Mrs. Kathrine Mein (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE 4-3- 1939

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia

20. FILED 4-3- 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31st 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1939 to Mar 31, 1939
I last saw him alive on March 30, 1939 Death is said to have occurred on the date stated above, at 3:00 m.

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

Chronic ulcerative colitis (Date of onset Aug 79th 1939)

Other contributory causes of importance: 170 lb

Name of operation _____ Date of _____
What test confirmed diagnosis? X ray Was there an autopsy? no

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) Edna Polking, 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 -----

4/16/39