

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

*Whelan*  
19445  
Do not use this space.

DEAD JUN 14 1939

**1. PLACE OF DEATH**

(a) County Pettis Registration District No. 668  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3032  
 (c) City Sedalia (d) Street No. Bothwell Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 325 James E. Watson St.   
504 N. Quincy (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Louise Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1882

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Boilermaker R.R.  
 9. Industry or business in which work was done, as 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) Sedalia  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME William E. Watson

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

MOTHER 15. MAIDEN NAME Sallie Ann Gibbs

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

17. INFORMANT James L. Watson  
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Crown Hill DATE June 3, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
 (ADDRESS) Sedalia Mo.

20. FILED 6-2 37 Mrs Harry Sneed  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939 to May 31, 1939

I last saw him alive on May 31, 1939. 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:

Acute Endocarditis Date of onset 5-21-

Other contributory causes of importance:  
Mitral stenosis of long standing

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) Wm Whelan, 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.

1-114023

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/8/34

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Geo. Dillard, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Geo. Dillard*

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.