

REC'D JUN 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. 26-0)

Registration District No. 60's
Primary Registration District No. 5832

19449
File No.
Registered No. 152
St. Ward

2. FULL NAME

(a) Residence, No. 113 W Pettis 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 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 OF Charlie Boyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1881

7. AGE YEARS 58 MONTHS 1 DAYS 14 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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County, Mo.

13. NAME John Choice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Amedie Greenfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs Anna C. Wells (ADDRESS) 1212 W Jefferson St

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE May 11 1939

19. UNDERTAKER Price Alexander (ADDRESS) 400 W Cooper

20. FILED May 10 1939 Mrs Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 8 1939

22. I HEREBY CERTIFY, That I attended deceased from As Coroner, Case only, 19... I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Coronary thrombosis
Chronic myocarditis
and endocarditis hrs.
Other contributory causes of importance: multiple fibroids
atherosclerosis

Name of operation Date of... What test confirmed diagnosis? Was there an autopsy? Yes

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 John Choice (Signed) John Choice M. D.

(Address) Coroner of Pettis County

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 6/8/39