

FILED MAR 14 1940

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

Do not use this space.

7726

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 8)

Registration District No. 668
Primary Registration District No. 668 3039

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 305 E. Cooper St., Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Cal</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 1939</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>10</u>	<u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>	11. Total time (years) spent in this occupation <u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	

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

13. NAME Ervin Wilson

14. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Kansas

15. MAIDEN NAME Virginia Whitley

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

17. INFORMANT Virginia Wilson
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springtown Mo DATE Jan 2 1940

19. UNDERTAKER J. D. Ferguson
(ADDRESS) Sedalia Mo

20. FILED 1-2 19 40 Wm Harry Sneed
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1940

22. I HEREBY CERTIFY That I attended deceased from Nov 24 to Dec 31 1939

I last saw her alive on Dec 31 1939 Death is said to have occurred on the date stated above, at 11:30 m.

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

Date of onset _____

Other contributory causes of importance: 101

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. D. 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.

107a

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-40

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7726**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Malvajan Wilson

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

7

5. Color or

race

col

6. (a) Single, widowed, married,

divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if
alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

1

3

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years

CERTIFICATION

20. DATE OF DEATH Month **Jan** day **1**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **W C Ransley** (M. D. or other)

Address **Sedalia Mo** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

