

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

*Bohling*  
Do not use this space.

**20678**

1. PLACE OF DEATH  
 County Pettis Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No. 201 W 10) St. Mo. Ward     

2. FULL NAME Albert C. Endicott  
 (a) Residence, No. 201 W 10 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.

File No.       
 Registered No. 167

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Endicott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>69</u>	<u>3</u>	<u>7</u>	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER / FATHER

13. NAME Jos. Endicott  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eng.  
 15. MAIDEN NAME Mary Young  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Mrs. A. C. Endicott  
 (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Windsor Mo DATE July 2 1933

19. UNDERTAKER Gullapio First Home  
 (ADDRESS) Sedalia Mo

20. FILED 6-30 1933 JRM  
 Registrar.

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1933

22. I HEREBY CERTIFY that I attended deceased from June 6 1933 to June 29 1933  
 I last saw him alive on June 28 1933 Death is said to have occurred on the date stated above, at      m.  
 The principal cause of death and related causes of importance were as follows:  
Dilatation of heart, mitral insufficiency  
97 A  
95 B  
 Other contributory causes of importance: 92

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? No.  
 If so, specify.....  
 (Signed) loyd Bohling, M. D.  
 (Address) Sedalia Mo

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