

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

Do not use this space.

910

JAN 26 1934

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. 800 So. Washington St. 99 Ward)

2. FULL NAME

(a) Residence, No. 800 So. Wash. St., 3 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-26-1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 4 13

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

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) Clinton Missouri

13. NAME John Lee Sevitt

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

15. MAIDEN NAME Kynona Stotts

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

17. INFORMANT (ADDRESS) John Lee Sevitt Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerwater DATE 1-9-1934

19. UNDERTAKER (ADDRESS) City General Home Clinton, Mo.

20. FILED Jan 9 1934 J. R. Houston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 7, 1933, to Jan 8, 1934

I last saw him alive on Jan 7, 1934. Death is said to have occurred on the date stated above, at 7 a. m.

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

Diphtheritic Croup Date of onset 1/3/34
10

Name of operation none Date of

What test confirmed diagnosis? Culture 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

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) S. W. Wolcott, M. D.

(Address) Clinton, 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.

