

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

Do not use this space.

APR 24 1935

10117

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No. 104
Registered No. 668
St. Ward)

2. FULL NAME

(a) Residence, No. 1320 S. Ellis 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. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21, 1928</u>		
7. AGE <u>6</u> YEARS	MONTHS <u>2</u>	DAYS <u>23</u>
If LESS than 1 day, hrs. min.		

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) Kansas City
(STATE OR COUNTRY) Missouri

13. NAME Clasara Olson

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

15. MAIDEN NAME Margaret Vannoy

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

17. INFORMANT Mrs. Margaret Adams
(ADDRESS) 1320 S. Ellis Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Abell Cem. DATE 3/16/35

19. UNDERTAKER M. Laughlin Bros
(ADDRESS) Sedalia

20. FILED 3/18 1935 John Black
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935, to March 14, 1935

I last saw her alive on March 14, 1935 Death is said

to have occurred on the date stated above, at 11:45 p.m.

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

Acute Enterocolitis

Date of onset 3/14/35

Other contributory causes of importance:

Name of operation none 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) J. W. Boyer, 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.

