

W. B. Keenan
Do not use this space.

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

FEB 18 1937

2542

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township..... Primary Registration District No. 3232
City Sedalia (No. 201 West 10th.) St. _____ Ward)

File No. 10
Registered No. 668

2. FULL NAME

Mary E. Endicott

(a) Residence, No. 201 West 10th. 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.

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>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert C.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 13, 1865</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>71</u> | <u>1</u> |
| | | DAYS |
| | | <u>28</u> |
| | | IF LESS than 1 day, hrs. or 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) (STATE OR COUNTRY) Mo.

13. NAME J. C. Green

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

15. MAIDEN NAME Susan Ann Black

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

17. INFORMANT C. C. Endicott
(ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Jan. 14, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Jan 14 - 19 37 Jean Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 36 to Jan 11 37
I last saw her alive on Jan 11 1937. Death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Cerebrospinal
Date of onset March 1936

Other contributory causes of importance:
arterio-sclerosis & hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis None 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 _____
(Signed) W. B. Keenan, M. D.
(Address) Sedalia

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.

