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

Do not use this space.

18343

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No. 14
City Marshall (No. ..... St. ..... Ward)

2. FULL NAME James Lester Sadewhite
(a) Residence. No. 69 Benton St., ... Ward. (If nonresident give city or town and State)
(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.

97
5
7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel May Sadewhite

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 29 1885

7. AGE: Years 47 — Months 1 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN) Saline Co.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Frank Sadewhite
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Mary C. Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. J. L. Sadewhite
(Address) Marshall Mo.

15. FILED 6-3, 1932 A. C. Putnam REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1932, to May 16, 1932, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
97 A
97 A (duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Chronic Endocarditis
..... (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ①
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) [signature], M. D
May 17, 1932 (Address) Marshall, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ridge Park — DATE OF BURIAL: May 18 1932

20. UNDERTAKER: R. W. Campbell — ADDRESS: Marshall

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD