

DEC 19 1934

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

Do not use this space.

40291

1. PLACE OF DEATH

County PettisRegistration District No. 168File No. 388

Township

Primary Registration District No. 3032Registered No. 668City Sedalia(No. 617 W. Johnson)

St. _____ Ward)

2. FULL NAME Regina Day(a) Residence, No. 617 W. Johnson St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Gwendol Day6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 18487. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 87 8 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work10. Date deceased last worked at this occupation (month and year) 2 5 yrs 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Lake Day14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs Rose Whaley

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cabany DATE 11-20-193419. UNDERTAKER McLaughlin Bros(ADDRESS) Sedalia20. FILED 11-20-1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934, to Nov. 18, 1934.I last saw her alive on Nov. 18, 1934. Death is saidto have occurred on the date stated above, at 11:30 P.M.

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

myocarditis following myocardial thrombosisDate of onset Nov 13/34Other contributory causes of importance: General weaknessName of operation none Date of _____What test confirmed diagnosis? Chrom Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? h 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) E. H. Housner, 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.

