

DEC 19 1934

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

Do not use this space.

40306

1. PLACE OF DEATH

County *Hettie's*Registration District No. *668*Township *Sedalia*Primary Registration District No. *5889*

City

(No. *Sedalia RR #7*)File No. *382*Registered No. *668*

St.

Ward

2. FULL NAME

(a) Residence, No. *Sedalia RR #7*, 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

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married Widowed

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

Lucinda Terry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 16, 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

*95**5**26*

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

Retired Farmer

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)

Ohio, Schrockton

13. NAME

Joe Moffit

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

15. MAIDEN NAME

Nancy Glenny

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

Unknown

17. INFORMANT (ADDRESS)

Trena Moffit

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Critch

DATE

11-14th

1934

19. UNDERTAKER (ADDRESS)

*W. F. Kidwell
Versailles Mo.*

20. FILED

11-14

1934

Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 31*, 1934, to *Nov. 12*, 1934I last saw him alive on *Nov. 12*, 1934. Death is said to have occurred on the date stated above, at *9 a. m.*

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

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

*Mitral insufficiency*Name of operation *none*

Date of

What test confirmed diagnosis? *Clinical*. Was there an autopsy?

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. F. Kidwell*

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.

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