

REC'D SEP 13 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County

Butler

Registration District No.

89

File No.

28703

Township

Poplar Bluff

Primary Registration District No.

5131

Registered No.

207

City

Poplar Bluff, Mo.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

Mrs. Mattie Ruth Sedrick

(Usual place of abode)

Gulick, Mo Rt 1

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

75 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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Charles Edwin Sedrick

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

Mar. 23 - 1924

7. AGE

YEARS

18

MONTHS

5

DAYS

-

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

OCCUPATION

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

H. Wiper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

8-10-39

11. Total time (years) spent in this occupation

1 yr

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

Newbern Tennessee

MOTHER FATHER

13. NAME

Julius W. Hall

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

Newbern Tennessee

15. MAIDEN NAME

Esthera Neil

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

Newbern Tennessee

17. INFORMANT (ADDRESS)

Hubert Hall  
Gulick, Mo Rt 1.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gulick Cemetery

DATE

8-14 1939

19. UNDERTAKER (ADDRESS)

Gardner Funeral Home  
Campbell, Mo.

20. FILED

8/14 1939

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 13 1939

Mar 25 1924

22. I HEREBY CERTIFY, That I attended deceased from

Aug 12

1939, to

Aug 13

1939.

I last saw him alive on

Aug 13

1939.

Death is said

to have occurred on the date stated above, at

5:00 a.m.

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

Ecoloupsia Post Partum

Date of onset

Other contributory causes of importance:

None

146

Name of operation

None

Date of

None

What test confirmed diagnosis?

None

Was there an autopsy?

No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

No

Date of injury

No, 19

Where did injury occur?

None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

None

Manner of injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify.

J. W. McDermott

(Signed)

P. M. May, M. D.

(Address)

P. M. May, 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.

