

IOWA STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

04-389

1. PLACE OF DEATH

County Scott State: IOWA Registered No. 417
 Township City of Davenport or Village _____
 City Davenport No. Mercy Hospital St. _____ Word _____
(If death occurred in a hospital or institution give its name instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME (PRINT) Amy Louisa Sego
 (a) RESIDENCE County 1507 Ripley St. City _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | **4. COLOR OR RACE** | **5. Single, Married, Widowed or Divorced**
 Female | White | Widow (1939) (the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, and year) 10/9/1887

7. AGE Years 51 Months 8 Days 10 If less than 1 day, hrs. or min.

8. OCCUPATION
 a. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. State deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Rio
(State or country) Illinois

13. NAME (Unknown) Munden

14. BIRTHPLACE (city or town) UNKNOWN
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Dr. Harry Ingersoll
(Address) Hannibal Missouri

18. BURIAL, CREMATION, OR REMOVAL
 Place Fairmount Cemetery Date 6/21/1939

19. LICENSED EMERALIST H. M. Thomas No. 2687
(Address) Davenport Iowa

20. FILED 6-20-39 **FRED F. FINCH**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 19, 1939

22. I hereby certify that I attended deceased from June 19 1939
 I last saw her alive on June 19 1939 death in said to have occurred on the date stated above, at 12:45 P.M.

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

Chronic Hypertension Date of onset 1937
Arterio-sclerosis

Contributory causes of importance not related to principal cause:

Senile dementia 1937

Name of operation usual Date of 9-30
 What test confirmed diagnosis? 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 _____

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? _____ If no.

(Signed) Carl A. Trabocher M. D.
 (Address) Davenport Ia