

## 1 PLACE OF DEATH

County HentyTownship Miller

Village

City

Registration District No. 313

File No.

Primary Registration District No. 2432Registered No. 15

(NO. St. Ward)

## 2 FULL NAME

Sarah A Crowder

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

Aug 28 1916  
(Month) (Day) (Year)

7 AGE

72 yrs 6 mos 24 ds.If LESS than  
1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

Ill.

10 NAME OF FATHER

James H. Vey

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Ill.

12 MAIDEN NAME OF MOTHER

Malinda Bryson

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

S. Crowder

(Address)

Hentyville

15

Filed 9/14, 1916Registrar H. J. PattonMISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30907

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 28 1916  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Jan 1916 to Aug 1916that I last saw her alive on Aug 27 1916and that death occurred, on the date stated above, at about 4:30 PM

The CAUSE OF DEATH\* was as follows:

Cancer of the uterus4 2 1 8

(Duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

G. W. Westford, D.Aug 29 1916 (Address) King City

(1) State the Disease Causing Death, or, in deaths from Violent Causes, state Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residences.

19 PLACE OF BURIAL OR REMOVAL

Moulton

DATE OF BURIAL

Aug 30, 1916

20 UNDERTAKER

W. G. & E. Cole

ADDRESS

King City

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.

