

29135

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH
 County Linn Registration District No. 670 File No. 29135
 Township Mooreville Primary Registration District No. 6679 Registered No. 0
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME Sarah Voorhes

(a) Residence. No. _____ 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 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 John C. Voorhes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-25-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER A. Mead

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Y.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jennett Forster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Y.
 (STATE OR COUNTRY)

14. INFORMANT Jane C. Voorhes
 (Address) Mooreville, Mo.

15. FILED Oct 6 1922 J. O. Hakey
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1922

17. I HEREBY CERTIFY That I attended deceased from Aug 28, 1922 to Oct 4, 1922 that I last saw h. s. alive on Oct 4, 1922 and that death occurred, on the date stated above, at 11:20 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, chr. interstitial
Chr. valvular heart dis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS urine
 (Signed) H. G. Hays M. D.
 , 19 22 (Address) Buckneridge No

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mooreville Cemetery DATE OF BURIAL Oct 6 1922

20. UNDERTAKER T. F. McLean ADDRESS Buckneridge

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

