

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.

APR 25 1927

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

Do not use this space.

7712

1. PLACE OF DEATH

County Dekalb  
Township Sherman  
City..... (No....., ..... St. .... Ward)

Registration District No. 25-7  
Primary Registration District No. 5361

File No. ....  
Registered No. 4

2. FULL NAME Sarah Jane Horsman

(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 Andy Horsman  
Andy Horsman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 1 3

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) (STATE OR COUNTRY) Dekalb Co. Mo.

10. NAME OF FATHER Herman Silvers

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

12. MAIDEN NAME OF MOTHER Elizabeth Foreman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York.

14. INFORMANT Laura Horsman  
(Address) Clarksdale, Mo.

15. FILED 182927 J. J. Arnold  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar/20 1927

17. I HEREBY CERTIFY, That I attended deceased from March 17th, 1927 to March 20th, 1927 that I last saw her alive on March 20th, 1927 and that death occurred, on the date stated above, at 2:30 pm.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

351  
100 Sudden heart failure  
and valvular trouble some years  
CONTRIBUTORY a severe cold with  
(SECONDARY) bronchitis for three weeks  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at her home  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms  
(Signed) John O. Brown, M. D.

3 27, 1927 (Address) Waysville Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Clarksdale Cemetery 3/22 1927

20. UNDERTAKER ADDRESS  
C. J. Davis, Clarksdale, Mo.

