JUN 25 1927

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

Do not use this space.

14646

1. PLACE OF DEATH

County: Dade — Registration District No. 237 — File No.

Township: Center — Primary Registration District No. 4144 — Registered No. 9

City: Greenfield (No. ..... St. ..... Ward)

2. FULL NAME Sarah Elizabeth Poe.

(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: W. N. Poe

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 7 - 1849

7. AGE: Years 78 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(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): Greenfield Mo.

PARENTS

10. NAME OF FATHER: John Hampton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): McClain Co. Ill.

12. MAIDEN NAME OF MOTHER: Susan Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs Ed. Jones (Address) R. F. D. Everton Mo.

15. FILED 5-31, 1927 E. O. Ball, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5 - 29 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw her alive on 5-27, 1927, and that death occurred, on the date stated above, at 4 - 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 186 A

By a fall and fracture of neck of Femur 1148

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 185

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

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

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. V. Hembree, M. D.

5-27, 1927 (Address) Greenfield

*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~~: Wetzel Cemetery — DATE OF BURIAL: May 31 1927

20. UNDERTAKER: J. W. Ward — ADDRESS: Greenfield 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.