

JUN 25 1927

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

Do not use this space.

14672

1. PLACE OF DEATH

County DeKalb
Township Camden
City (No.)

Registration District No. 259
Primary Registration District No. 4-158

File No.
Registered No.
St. Ward

2. FULL NAME Sarah Rutitia Cline

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob T. Cline

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19th 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 8 23

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

9. BIRTHPLACE (CITY OR TOWN) Bedford
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Wm. W. Gibson

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

12. MAIDEN NAME OF MOTHER Julia Pfoffe.

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

14. INFORMANT Mrs. Julia Curties
(Address) Quincy, Ill.

15. FILED July 27 2 Phys. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11, 1927

17. I HEREBY CERTIFY That I attended deceased from December 25, 1925 to May 11, 1927 that I last saw h. ER alive on May 10, 1927, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic valvular heart disease
Chr. cholecystitis.
(SECONDARY)
(duration) 35 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

9 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Johnson, M. D.
5/12, 1927 (Address) Maysville, Missouri.

*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
Oak Lawn Cem. Maysville 5/14/27

20. UNDERTAKER ADDRESS
U. G. Pilcher Maysville.

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.

