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.

AUG 4 1927

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

Do not use this space.

26203

1. PLACE OF DEATH
County Schuyler — Registration District No. 805 — File No.
Township — Primary Registration District No. 4984 — Registered No. 16
City Lancaster (No. ..... St. ..... Ward)

2. FULL NAME Sarah Heaton
(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: J. J. Heaton
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 14-1852
7. AGE: Years 75 — Months 3 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.
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): .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lancaster, Mo.

PARENTS
10. NAME OF FATHER: Simon Meredith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Phoebe Ashbaugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: E. E. Heaton
(Address) Centerville, Ia.

15. FILED Aug 25 1927 W. F. Justice REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 7 1927
17. I HEREBY CERTIFY, That I attended deceased from about Aug 7, 1925, to Aug 7, 1927, that I last saw her alive on Aug 6, 1927, and that death occurred, on the date stated above, at 4:15 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cirrhosis Portal of the Liver
1248 (duration) about 2 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) 12281 (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? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. H. Keller, M. D.
Aug 7, 1927 (Address) Lancaster 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: I.O.O.F. Cemetery — DATE OF BURIAL: Aug 9 1927
20. UNDERTAKER: John A. Roberts — ADDRESS: Lancaster Mo.