

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

Do not use this space.

1576

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 7 (Ward)

2. FULL NAME

Sarah Mallett

(a) Residence. No. 204 N. Penn St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 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. H. Mallett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-18-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>10</u>	<u>29</u>	

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) Newton Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER A. Thompson

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

12. MAIDEN NAME OF MOTHER Anna Holland

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

14. INFORMANT Mrs. Anna Smith
(Address) Webb City, Mo.

15. FILED 1-16-28 P. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-12, 1928, to 1-15, 1928 that I last saw him alive on 1-15, 1928, and that death occurred, on the date stated above, at 1-9

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis
(Interstitial Nephritis)
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129a
(duration) yrs. mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF 1-16

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James J. O'Brien, M. D.
1/16, 1928 (Address) Webb City, 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 W. A. Hope Care. DATE OF BURIAL 1-17 1928

20. UNDERTAKER Webb City Mch. Co., Webb City.
ADDRESS

K. 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.

RECORD WITH ENDING INK—THIS IS A PERMANENT RECORD

