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

Do not use this space.

12075

1. PLACE OF DEATH
County Washington
Township Union
City ..... (No. ..... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6182

File No. .....
Registered No. 31

2. FULL NAME Sarrah Degania

(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 F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-6-1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	11	28	

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) Oldmines
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Thos Dean
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oldmines
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Louise Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oldmines
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Lachance
(Address) Oldmines Mo

15. FILED 3/4 1928 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/3 1928

17. I HEREBY CERTIFY That I attended deceased from 12-1 1927, to 3/3 1928, that I last saw her alive on 3/2 1928, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131 × 129a
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) G. F. Cuttwell, M. D
3-5, 1928 (Address) Potosi 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 Oldmines Mo.
DATE OF BURIAL 3/6 1928

20. UNDERTAKER J B Boyer & Son
ADDRESS Potosi 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.