CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

16651

1. PLACE OF DEATH
County: Dekalb — Registration District No. 264 — File No.
Township: Grant — Primary Registration District No. 5367 — Registered No.
City, (No. , St. Ward)

2. FULL NAME: Sarah Jane Maret
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Fem.
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: Jesse Maret

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 2nd 1857

7. AGE: Years 71 — Months 4 — Days 4 — 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): Dekalb Co. Mo.

PARENTS
10. NAME OF FATHER: Oliver Graham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Malinda Daken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va.

14. INFORMANT: Mrs E. A. Thompson
(Address) Ridgeway Mo.

15. FILED May 10, 1928 Mrs. Kessler Linn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15th, 1928, to May 6, 1928, that I last saw her alive on May 5th, 1928, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
71A acute Cardiac Insufficiency
Chr. Int. Nephritis, Cystitis,
Auto Intoxication
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): acute ascending Paralysis or Landry's Paralysis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 73A
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr R R Reynolds, M.D., D.O.
, 19 (Address) Maysville, 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: Woods Cem. Grant Twp — DATE OF BURIAL: 5-7- 1928

20. UNDERTAKER: U. G. Pilcher Maysville — ADDRESS: Mo