JUG 27 1928

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

Do not use this space.

21269

1. PLACE OF DEATH

County: Marion — Registration District No.: 550 — File No.:

Township: Habius — Primary Registration District No.: 5743 — Registered No.: 8

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Sarah H Freeman

(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): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF~~ Widow of T. D. Freeman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 31-1838

7. AGE: Years 90 — Months — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(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): Marion Co. Mo.

PARENTS

10. NAME OF FATHER: H. G. Freeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Scharlotte White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Delaware

14. INFORMANT (Address): Mrs. Francis Dickson, Palmyra Mo

15. FILED July 3, 1928 J B McPike, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 28 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1926, to June 28, 1928, that I last saw her alive on June 27, 1928, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis

93C 90B (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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? Clinical

(Signed) C W Hamlin, M. D

6/29, 1928 (Address) Palmyra 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: Monroe City Mo — DATE OF BURIAL: 6/31 1928

20. UNDERTAKER: A M Sprague — ADDRESS: Palmyra Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2.