

AUG 24 1928

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

Do not use this space.

1. PLACE OF DEATH

County Osage
Township La Russell
City La Russell (Name)

Registration District No. 416
Primary Registration District No. 5571B

File No. 24222
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Sarah - Arthur -

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. - 2 mos. - 0 da. How long in U.S., if of foreign birth? 2 yrs. - 0 mos. - 0 da. (If nonresident give city or town and State)

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 James Arthur

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 11 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>86</u>	<u>2</u>	<u>2</u>	<u>21</u>	<u>0</u>

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 Children -

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn -

10. NAME OF FATHER John Meadows -

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Fannie Law -

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) F. H. Buckett Muskogee Okla

15. FILED 7/3 1928 Troy Simmons REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 2 - 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 1928 to July 2, 1928 and I last saw h. or s. alive on about Oct 10 1927 and that death occurred, on the date stated above, at 12:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
127B
95B Cholera - cystitis
with cardiac compli-
cation (duration) several yrs. - 0 mos. - 0 da.

CONTRIBUTORY (SECONDARY) 124B (duration) 0 yrs. - 0 mos. - 0 da.

18. WHERE WAS DISEASE CONTRACTED 124B
IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH. no DATE OF _____
WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS?
(Signed) D. L. Corcoran, M. D.
2/3 .1928 (Address) Carthage 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 Harney Kent DATE OF BURIAL July 3 1928

20. UNDERTAKER Beeson & Muller ADDRESS Beeson

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.

