T 22 1928

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

Do not use this space.

29823

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File No.

Registered No. 1136

1. PLACE OF DEATH

County Buchanan. Registration District No.

Township. Primary Registration District No.

City St. Joseph, Mo. (No. Mo. Meth. Hosp. St. Ward)

2. FULL NAME Sarah Emma Crockett

(a) Residence. No. Savannah, Mo. St., Ward. Savannah, Mo. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	67	2	29	

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) Whitesville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Daniel Ening

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

12. MAIDEN NAME OF MOTHER Luan Ryley

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

14. INFORMANT Nathan W. Crockett
(Address) Savannah, Mo.

15. FILED OCT 1 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 19 28

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 19 28, to Sept 29, 19 28 that I last saw h...er alive on Sept 28, 19 28, and that death occurred, on the date stated above, at 9 m. noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Complications of Gall Bladder
127.7 Cholecystitis Common duct
127.D (duration) yrs. mos. ds.
111.6 CONTRIBUTORY (SECONDARY) Pulmonary Embolism
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? Savannah Mo
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 18
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible] M. D
Sept 29 19 28 (Address) St. Joseph - 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 Savannah, Mo.

DATE OF BURIAL Oct. 1 19 28

20. UNDERTAKER H. C. Sidenfaden

ADDRESS 1802 Union St.

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.