

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

Do not use this space.

30346

1. PLACE OF DEATH

County Trou
Township Wendell
City Greentown (No.)

Registration District No. 391
Primary Registration District No. 4230

File No.
Registered No. 37
St. Ward)

2. FULL NAME Sarah January Mayer

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ch W 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 20

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) Greenville, Mo.

10. NAME OF FATHER Great January

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) W. Tenn.

12. MAIDEN NAME OF MOTHER Ward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Harvard, Mo.

14. INFORMANT (Address) Letha Beunhor
Greentown, Mo.

15. FILED 9/5-28 Robert A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 20, 1928, to Sept 3, 1928, that I last saw him alive on Sept 30, 1928, and that death occurred, on the date stated above, at 10:20 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera
1278 (duration) yrs. mos. 6 da.
CONTRIBUTORY Cholera Cholera
(SECONDARY) Cholera
many yrs (duration) yrs. 40 mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? OC Cular
(Signed) Wm A Marshale M. D.

9-5, 1928 (Address) Greentown 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 Greentown Mo DATE OF BURIAL 9-5-28

20. UNDERTAKER Harman White & Son ADDRESS Greentown

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.



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary research techniques. The primary research involved direct observation and interviews with key stakeholders, while the secondary research focused on reviewing existing literature and reports.

The third section provides a detailed analysis of the findings. It highlights several key trends and patterns that emerged from the data. For example, there was a significant increase in the use of digital tools, which has led to more efficient processes and reduced costs. However, there were also challenges identified, such as the need for better training and support for staff.

Finally, the document concludes with a series of recommendations for future action. These include investing in technology, providing ongoing training, and establishing a clear framework for data management. The author believes that these steps are essential for ensuring long-term success and growth.