2 6 1928

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

Do not use this space.

30346

1. PLACE OF DEATH
County: Iron
Township: Concord
City: Irondale (No. ..... St. ..... Ward)
Registration District No.: 391
Primary Registration District No.: 4230
File No. .....
Registered No.: 37

2. FULL NAME: Sarah January Mayer

(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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Do

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): Oregon Co. Mo.

PARENTS
10. NAME OF FATHER: Great January
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Iron
12. MAIDEN NAME OF MOTHER: Ward
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Greenbrier

14. INFORMANT: Lettie Beunhow
(Address): Ironton Mo.

15. FILED: 9/5, 1928 Robert A Ranche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholangitis
1 wk (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Cholangitis Chronic
Many yrs (duration) ..... yrs. 40 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? O.C. Culor
(Signed) Ira A. Marshall, M. D.
9-5, 1928 (Address) Ironton 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: Ironton Mo
DATE OF BURIAL: 9-5 1928

20. UNDERTAKER: Herman White & Son
ADDRESS: Ironton

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.