

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

Do not use this space.

2868

Bolton
File No. _____
Registered No. 15 St. _____ Ward _____

1. PLACE OF DEATH

County Pettis Registration District No. 668

Township _____ Primary Registration District No. 30329

City Sedalia (No. 1002) So Grand St. _____ Ward _____

2. FULL NAME

Sarah Alice O'Bannon

(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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

June 25, 1860

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>6</u>	<u>16</u>	<u>—</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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

Mr. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Bolton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14. INFORMANT

(Address)

Chas O'Bannon
Sedalia Mo

15.

Filed 1-21, 1929

J. L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 11 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1929

1929, to Jan 11th 1929, that I last saw her alive on Jan 5th 1929, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis
and myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

the same

(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?

(Signed)

Chas O'Bannon
local Physician, M. D.

Jan 18, 1929 (Address) Sedalia 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

DATE OF BURIAL

Crown Hill

Jan 13 1929

20. UNDERTAKER

ADDRESS

Gillespie

Sedalia

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.

