MAY 24 1929

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

Do not use this space.

1. PLACE OF DEATH
County: Dade
Township: ~~Polk~~ Center
City: (No. ..... St. ..... Ward)

Registration District No. 237
Primary Registration District No. 5323

File No. 10083
Registered No. 13

2. FULL NAME: Sarah V. Sloan

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Newton J. Sloan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 9-1852

7. AGE: Years 76 | Months 11 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): Greenville Mo
(STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: Robert M Doak
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Ellen Kreger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Tenn.

14. INFORMANT: Pete Sloan
(Address): Greenfield Mo.

15. FILED 3-30, 1929 E. O. Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 14 1929

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to March 14, 1929 that I last saw her alive on March 11, 1929, and that death occurred, on the date stated above, at 12.10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

92 A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): [illegible]

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. J. Drisdel, M. D
, 19 (Address) Dodeville 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: Greenfield, Cem
DATE OF BURIAL: 3/15 1929

20. UNDERTAKER: Harrison Funeral Home
ADDRESS: Greenfield Mo

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.

235
2
2
2