MAY 23 1929

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

Do not use this space.

13703

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township — Primary Registration District No. 3001 — Registered No. 80

City KIRKSVILLE MO (No. ..... St. ..... Ward)

2. FULL NAME SARAH A THRASHER:

(a) Residence. No. 515 EA T MCPHERSON ST 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: FEMALE

4. COLOR OR RACE: WHITE

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APRIL 15 1849

7. AGE: Years 80 | Months 0 | Days 9 8 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: HOUSE KEEPING
(b) General nature of industry, business, or establishment in which employed (or employer): SELF
(c) Name of employer: SELF

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) BRASHEAR MO

PARENTS

10. NAME OF FATHER: THOMAS THRASHER

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

12. MAIDEN NAME OF MOTHER: Francis Ducker

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

14. INFORMANT: Ray Thrasher
(Address) KIRKSVILLE MO

15. FILED 4/30, 1929 — G. Becker, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/29, 1929, to 4/24, 1929, that I last saw h. alive on 4/24, 1929, and that death occurred, on the date stated above, at 2:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Senility

164

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

CONTRIBUTORY (SECONDARY) .....

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Ray M. Hull, M. D

, 19 (Address) Kirksville 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: HIGHLAND PARK — DATE OF BURIAL 4/26 1929

20. UNDERTAKER: Chas. E. Wilson — ADDRESS Kirksville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1929- 4- 24
1849- 4 - 15
80-0-9