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.

JUL 23 1929

10
3
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20679

1. PLACE OF DEATH

County: Boone — Registration District No.: 73 — File No.: 153

Township: C — Primary Registration District No.: 3006 — Registered No.:

City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Sarah C. Howard

(a) Residence. No. Providence Rd (Usual place of abode) ..... Ward. ..... (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF: Wm Howard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 1st 1851

7. AGE: Years 77 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

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): Virginia

PARENTS

10. NAME OF FATHER: Frank Sanders

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Lillie Crane

(Address): MC Baird ave RR#1

15. FILED 6-10, 1929 Beatrice Greeves, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 8th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928 to June 8, 1929 that I last saw her alive on June 6, 1929 and that death occurred, on the date stated above, at 11:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of stomach

(duration) 2 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? NO DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. W. Carryer, M. D

, 19 (Address) Columbia 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: Nashville Cemetary

DATE OF BURIAL: June 9 1929

20. UNDERTAKER: R. O. Willett

ADDRESS: Columbia