

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

Do not use this space.

26 1929

1. PLACE OF DEATH

County Mercer Registration District No. 556 File No. 22072
 Township Marion Primary Registration District No. 4324 Registered No. 186
 City Princeton (No.) St. Ward)

2. FULL NAME

Sally Gearhart
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 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 21

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25, 1840

7. AGE YEARS 88 MONTHS 5 DAYS 26 IF LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marion County (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Jesse Vezev

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

12. MAIDEN NAME OF MOTHER Jennie Denton

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

14. INFORMANT Gussie Gearhart (Address) Princeton Mo.

15. FILED 6/30 1929 J. M. Perry REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 31 1929, to June 21 1929 that I last saw him alive on June 21 1929 and that death occurred, on the date stated above, at 4:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic Heart Disease (mitral + aortic Insufficiency)

18. WHERE WAS DISEASE CONTACTED
 IF NOT AT PLACE OF DEATH
 DID AGGRAVATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab.
 (Signed) J. L. Davis, M. D.
6/25 1929 (Address) Princeton Mo.

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL Princeton Mo DATE OF BURIAL June 22 1929
 20. UNDERTAKER Wm. Moss ADDRESS Princeton, Mo.

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.

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