

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

Do not use this space.

Diagnosed
25053
File No.
Registered No.
St. Ward

1. PLACE OF DEATH

County Johnson
Township Centerville
City Centerville (No.)

Registration District No. 431
Primary Registration District No. 5589

2. FULL NAME

Sarah Susan Hervey

(a) Residence. No. Centerville Mo. St. Mo. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 - 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired
(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) Maryland

10. NAME OF FATHER E. J. Rapp

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

12. MAIDEN NAME OF MOTHER Susan Wolfe

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

14. INFORMANT Mr. John Delaney
(Address) Centerville Mo.

15. July 29, 1929 Wm Patterson
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26-1929

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1929, to July 22, 1929, that I last saw her alive on July 30, 1929, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
930
112 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? chronic
(Signed) L. S. Schiefel, M. D.

July 27, 1929 (Address) Waverly 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 Centerville Mo. DATE OF BURIAL 7-28 1929

20. UNDERTAKER L. S. Schiefel ADDRESS Waverly 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.

29 2082

